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Report of the Executive Director: progress and achievements against the medium-term plan 1998-2001**

Summary

This is the fourth and final annual report of the Executive Director on progress towards achieving the organizational priorities of the UNICEF medium-term plan (MTP) for 1998-2001 (E/ICEF/1998/13 and Corr.1). The MTP identified four organizational priorities and 21 corresponding major areas of action, emphasizing achievement of the goals of the World Summit for Children and implementation of the Convention on the Rights of the Child. The present report essentially discusses progress in 2001 against the MTP priorities, in addition to income and expenditure (including resource mobilization) and performance management. A series of annexes provide detailed information on programmatic and operational results achieved during the year, as well as financial information.

* E/ICEF/2002/9.

** Submission of this report was delayed pending receipt of final financial data for the 2000-2001 biennium.

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Abbreviations

BFHI	Baby-Friendly Hospital Initiative
CCA	Common Country Assessment
CDC	United States Centers for Disease Control and Prevention
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CIDA	Canadian International Development Agency
CSO	civil society organization
DFAM	Division of Financial and Administrative Management (UNICEF)
DHR	Division of Human Resources (UNICEF)
DfID	Department for International Development (United Kingdom)
EFA	Education for All
ECD	early childhood development
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FGM	female genital mutilation
FLS	Financial and Logistics System (UNICEF)
FIFA	Federation Internationale de Football Association
GAVI	Global Alliance for Vaccines and Immunization
GNP	gross national product
HR	human resources
ICRC	International Committee of the Red Cross
IDD	iodine deficiency disorders
IDP	internally displaced person
ILO	International Labour Organization
IMCI	integrated management of childhood illness
IMEP	integrated monitoring and evaluation plan (UNICEF)
IMIS	Integrated Management Information System
IOM	International Organization for Migration
IP	Internet Protocol
IPC	Inter-agency Pharmaceutical Coordination Group
IT	information technology
ITD	Information Technology Division
JICA	Japanese International Cooperation Agency
JLC	Joint Logistics Cell

KAP	knowledge, attitude and practice
LDCs	least developed countries
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	maternal mortality rate
MNT	maternal and neonatal tetanus
MTP	medium-term plan
MTSP	medium-term strategic plan
MTV	Music Television
NID	National Immunization Day
NGO	non-governmental organization
OFFP	Oil for Food Programme
OIA	Office of Internal Audit (UNICEF)
OPV	oral polio vaccine
PFO	Programme Funding Office (UNICEF)
PMTCT	prevention of mother-to-child transmission (of HIV)
PROMS	Programme Manager System (UNICEF)
PRSP	Poverty Reduction Strategy Paper
PSD	Private Sector Division (UNICEF)
SCF	Save the Children Federation
SNID	Subnational Immunization Day
SWAP	sector-wide approach
TBA	traditional birth attendant
TT	tetanus toxoid vaccine
U5MR	under-five mortality rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFIP	United Nations Fund for International Partnerships
UNFPA	United Nations Population Fund
UNHCHR	United Nations High Commissioner for Human Rights
UNIFEM	United Nations Fund for Women

USAID	United States International Development Agency
VSAT	Very Small Aperture Terminal (IP satellite)
WCARO	West and Central Africa Regional Office (UNICEF)
WES	water and environmental sanitation
WFP	World Food Programme
WHO	World Health Organization

I. Introduction

1. The report of the Executive Director to the Executive Board, presented annually in two parts, serves many purposes. Overall, however, when taken together the two reports cover the breadth of the work of UNICEF in a given year.

2. The first part of the report, which is discussed at the Board's first regular session in January, is also the annual report to the Economic and Social Council and thus addresses broad coordination issues. This year's report, following a format agreed to by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and UNICEF, focused on implementation of the triennial comprehensive policy review, the resident coordinator system, implementation of the Common Country Assessment (CCA)/United Nations Development Framework (UNDAF), harmonization of programmes and procedures, cooperation with the World Bank and humanitarian and disaster relief assistance, among other key issues.

3. This, the second part of the report, responds to a decision of the Executive Board[1] that the report analyse global progress in the priority areas of the medium-term plan (MTP), stressing objectives and results achieved, providing estimates of the financial resources applied to those priority areas, and reviewing the main obstacles encountered, lessons learned and the implications for the future work of UNICEF. The report should also address how collaboration with other United Nations agencies, including through the UNDAF, affects the success of country programmes.

4. This report focuses on progress in 2001 against the priorities of the MTP for 1998-2001,[2] as well as on income and expenditure and performance management. In other words, it paints an overall picture of what UNICEF has done in the past year. That picture is by necessity broad but is, hopefully, sufficiently detailed and analytical to allow the Executive Board to evaluate the work of the organization and provide guidance where needed, either on specific programmatic or operational issues, or on the content and format of the report itself.

5. Several themes re-occur throughout the report, but bear repeating here. First, and most importantly, is the critical importance of partnership, collaboration, coordination — all synonyms for working with others. The importance of this issue cannot be overstated. UNICEF is founded on the very concept of partnerships, most importantly with Governments, but also with other United Nations agencies, non-governmental organizations (NGOs), the private sector and even the public at large, through the National Committees for UNICEF. New mechanisms for collaboration with Governments, the United Nations system and the international financial institutions — including the CCA/UNDAF, poverty reduction strategies and sector-wide approaches (SWAPs) — offer the possibility to promote children's rights as an integral part of national economic and sectoral policies. Likewise, the Global Movement for Children is demonstrating the power of working together, including with children and young people themselves, towards common ends. The goals of the MTP, and of the even more ambitious medium-term strategic plan (MTSP) for 2002-

[1] Decision 1999/7 (E/ICEF/1999/7/Rev.1).
[2] E/ICEF/1998/13 and Corr.1.

2005,[3] cannot be achieved unless UNICEF deepens and strengthens these alliances, from headquarters to every field office.

6. Preparations for the Special Session on Children and the new MTSP are a second major theme underlying the performance of UNICEF in 2001. Although the Special Session had to be postponed until May 2002 because of the events of 11 September, UNICEF worked throughout the year to ensure that the event be more than just another United Nations meeting, and instead a celebration of global leadership for, and renewed commitment to, children and young people. UNICEF served as the substantive secretariat for the Special Session, but beyond headquarters also supported a wide range of consultations and events around the world to ensure that children and young people had a voice in the process and in the Session itself.

7. While the outcome document of the Special Session, "A World Fit for Children", focuses on global and national commitments to children for the next decade, the MTSP, adopted by the Executive Board at its second regular session of 2002, focuses on the priorities of UNICEF for the next four years. As reported to the Board at that session, the process of developing the MTSP was an organization-wide, consultative exercise that involved a wide range of partners. Although we are just mid-way through the first year of the four-year MTSP period, the secretariat, together with all country and regional offices, already is re-orienting the work of the organization to meet the high expectations raised by this new, strategic plan.

8. A final important issue is the growing imbalance between regular and other resources. Although total income rose to $1,218 million, above the financial plan target, regular resources income fell slightly and more alarmingly, amounted to only 45 per cent of total income, the lowest percentage ever. In approving the UNICEF resource mobilization strategy in 1999,[4] the Executive Board stressed the importance of increasing regular resources and making them more assured and predictable, and this continues to be the case today. They are critical to UNICEF being able to fulfil its mission, especially in the context of the challenges raised by both the new MTSP and the Special Session on Children. The decline in regular resources income is an issue of great concern to UNICEF and merits the concerted attention of the Executive Board.

9. Underlying these three major areas is the unwavering commitment of UNICEF to the fulfilment of the rights of all children and young people — to health, to education, to protection from harm and exploitation. This commitment continues to be fundamental to the work of the organization as it looks forward to the immediate MTSP period and the longer-term vision of "A World Fit for Children".

10. Finally, a note on reporting, in terms of style and content. This document shows that UNICEF, working through its global network of partnerships, was able to contribute in varying degrees to progress in the priority areas of the MTP. It is not a comprehensive accounting of all UNICEF activities, as the Executive Board receives many detailed reports about programmatic and operational activities throughout the year. Other reports, including "We the Children", the Secretary-General's report on follow-up to the World Summit for Children,[5] provide greater

[3] E/ICEF/2001/13 and Corr.1.
[4] Decision 1999/8 (E/ICEF/1999/7/Rev.1).
[5] A/S-27/3.

detail about the global situation of children. This report is based on the format of the MTP for 1998-2001, which had four major organizational priorities (enhancing partnerships, programme priorities, improving data and strengthening management and operations), subdivided into 21 areas of action. In addition to the main text, a series of annexes provide supplemental information, including detailed matrices showing results for the priority areas, as well as financial data.

II. Progress in the implementation of organizational priorities

A. Enhancing partnerships and promoting advocacy on children's rights

11. At the global level, there were a number of important developments in favour of children's rights during 2001, particularly the ratification of the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict. These instruments, the result of several years of negotiation between the United Nations, Governments and NGOs, set new legal standards to protect the most vulnerable children.

12. UNICEF worked with a wide range of partners and through a variety of avenues on issues affecting children. Especially important were the preparations for the Special Session on Children, which offered expanded opportunities for broadening important alliances. As substantive secretariat for the Special Session, UNICEF was deeply involved with all aspects of preparations at national, regional and global levels. UNICEF supported the Preparatory Committee during its two substantive sessions and assisted the Committee's Bureau in further drafting of "A World Fit for Children". UNICEF supported the steering committee that facilitated participation of NGOs, helped to organize side events, and developed extensive communication and advocacy strategies to raise the profile and impact of the event.

13. UNICEF worked closely with the diverse constituencies taking part, including the corporate sector, parliamentarians and religious leaders. The year saw high-level meetings and consultations in every region, including four in the month of May 2001 alone, in Beijing, Berlin, Cairo and Kathmandu. These gatherings brought together government officials, civil society representatives, business leaders, development partners, young people and children. Together, they reviewed progress made since the World Summit for Children, developed agendas for the new decade and issued new plans of action to complete the unfinished agenda and address emerging issues. These meetings gave key constituencies and stakeholders the space for their voices to be heard. The success of these meetings reaffirmed the greater impact of advocacy activities based on solid data and trend analysis, as for example in East Asia and the Pacific, where a regional atlas provided the information necessary for policy dialogue and formulation.

14. In several regions, including Western Europe, Central and Eastern Europe, the Commonwealth of Independent States (CEE/CIS) and the Baltic States, East Asia and the Pacific and the Americas and the Caribbean, UNICEF helped to conduct surveys and opinion polls of children and young people prior to the high-level meetings. This enabled policy makers, advocates and opinion leaders at the regional gatherings to base their decisions on both objective data from the end-decade

reviews and the polling data, and to make choices informed by the opinions of the constituencies they are serving — children and young people themselves.

15. Launched in April 2001, the "Say Yes for Children" campaign was the first visible phase of the Global Movement for Children initiated by the Movement's founding partners (the Bangladesh Rural Advancement Committee, Netaid, PLAN International, Save the Children, UNICEF and World Vision). The campaign encouraged pledges of support — via the Internet or on paper ballots — for 10 critical actions for children, promising to deliver the pledges to Heads of State or Government attending the Special Session on Children. By year's end, nearly 50 million pledges had been counted from 155 countries. The campaign led to a diverse range of working alliances and coalitions that cut across traditional barriers, and was remarkably successful at grass-roots mobilization and ensuring that children and young people were active in planning and implementing the campaign. The pledges indicated three top priorities globally: "educate every child"; "leave no child out"; and "fight HIV/AIDS".

16. UNICEF alliances were not limited to the Special Session, however. UNICEF intensified its advocacy for increasing resources to fight child poverty through forums including the Heavily-Indebted Poor Countries Initiative and national poverty reduction strategies, insisting that poverty reduction starts with investments in children. UNICEF advocacy also extended to major international gatherings with important implications for children, particularly the Third United Nations Conference on the Least Developed Countries (LDCs); the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons in All its Aspects; the General Assembly Special Session on HIV/AIDS (see panel 2 for more detailed information on UNICEF and HIV/AIDS); the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance; and the Second World Congress against Commercial Sexual Exploitation of Children, held in Yokohama, Japan in December.

17. UNICEF was one of the cosponsors of the Yokohama Congress, together with the Government of Japan, ECPAT International and the NGO Group on the Convention on the Rights of the Child. The Conference was attended by more than 3,000 people from Governments, intergovernmental organizations and NGOs, including 90 official youth delegates. UNICEF supported the six regional preparatory meetings that preceded the Congress and, on behalf of the partners involved, produced the publication, *Profiting from abuse: An Investigation into the sexual exploitation of our children.*

18. UNICEF played a key role in a number of other global partnerships, particularly in the area of immunization. In addition to being an active member of and advocate for the Global Polio Eradication Partnership, the partnership for elimination of maternal and neonatal tetanus (MNT), the Measles Partnership and the Vitamin A Global Initiative, the UNICEF Executive Director became Chairman of the Board of the Global Alliance for Vaccines and Immunization (GAVI). UNICEF continues to be the lead agency on communication in the GAVI partnership and chairs its Advocacy Task Force.

19. Networking in research and analysis was also enhanced in 2001, with the Innocenti Research Centre working to consolidate and expand partnerships to maximize the impact of its work. As part of its decade-long series of MONEE reports on the situation of children and women in CEE/CIS, the Centre produced a

comprehensive report on a decade of transition. The Centre also continued its advocacy and policy work on child rights in the industrialized countries through its "Report Card" series. Major studies were initiated on harnessing globalization for children and the social and economic impact of HIV/AIDS. The Centre also continued to undertake research on different aspects of child rights, including early marriage.

20. Inter-agency collaboration continued to strengthen in 2001. As reported to the Executive Board at its first regular session of 2002, the United Nations Development Group (UNDG) mechanism continued to evolve, focusing on strengthened coordination, support for Governments in their implementation of the Millennium Development Goals (MDGs) and improved efficiency through harmonization and streamlining of policies and procedures. At the headquarters level, UNICEF was an active participant in a number of inter-agency mechanisms, for example, chairing the UNDG Working Groups on Common Premises and Services and on Personnel Policies. UNICEF also participated in the UNDG Programme Group and its various working groups, including on harmonization of programme preparation and approval, and the groups which developed the UNDG guidance notes on poverty reduction strategy papers (PRSPs), follow-up to the Special Session on HIV/AIDS and monitoring and reporting on the MDGs.

21. At the country level, UNICEF continued to participate fully in preparing the CCA and UNDAF. The CCA has been established in more than 90 countries, providing an important analytical tool for programme planning, focusing on national human development for use in strategic planning by a range of partners. Similarly, the UNDAF has been introduced in over 60 countries and, despite some shortcomings as identified in the triennial comprehensive policy review in terms of quality and focus, provides the strategic framework for programme planning by members of the United Nations country team in many countries. With the introduction of a harmonized programme preparation and approval process by UNDP, UNFPA and UNICEF, the CCA/UNDAF process has become part of the core of UNICEF country programming.

22. UNICEF has continued to develop appropriate working arrangements in areas of close collaboration. For example, UNICEF and the World Health Organization (WHO) have issued a Joint Statement on Strategies to Reduce Measles Mortality Worldwide. Particularly in crisis situations, UNICEF continues to develop and sign memoranda of understanding to define working relationships with its closest United Nations partners, particularly the Office of the United Nations High Commissioner for Refugees and WFP.

B. Programme priorities: enhancing the survival, development, protection and participation of children

23. This chapter provides an overview of major programmatic developments during 2001. Specific details concerning each of the programme priorities, including results, lessons learned, constraints and key partners, are contained in annex IA. The UNICEF contributions to fighting HIV/AIDS are also reviewed in detail in panel 2.

24. In any discussion of programme priorities and results, it is important to note that armed conflicts, natural disasters and other emergencies inflicted untold damage on children in some 30 countries in which UNICEF worked in 2001, including

longstanding complex emergencies in Afghanistan, Angola, the Great Lakes region, the Horn of Africa and Sudan. These complex emergencies make the realization of global goals for children extremely difficult. Global eradication of polio and dracunculiasis (guinea worm disease) in particular depend on reaching children in countries affected by conflict.

25. There were striking discrepancies in the funding of humanitarian action across countries and regions, both for UNICEF and other humanitarian organizations. The overall level of almost 60-per-cent funding of UNICEF emergency appeals by donors masks substantial underfunding of certain humanitarian programmes. In 2001, an increasingly integrated approach to humanitarian assistance took root throughout the world, as witnessed by the growing emphasis on education, HIV/AIDS and sexual exploitation of children in emergencies, as well as on stronger links between humanitarian action and post-crisis rehabilitation and recovery. In this context, the UNICEF response to complex humanitarian emergencies is formulated as part of the Consolidated Appeals Process. Responses to natural disasters are formulated with the Office of the Coordinator of Humanitarian Affairs and the concerned United Nations country team.

Priority area 1: reducing young child mortality and morbidity

26. The reduction of young child mortality and morbidity has been addressed through a range of cost-effective approaches, including routine immunization, mop-up campaigns and other forms of supplementary immunization; the Integrated Management of Childhood Illnesses (IMCI) approach; maternal health; nutrition-based interventions; support to safe water, hygiene and sanitation; and prevention of mother-to-child transmission of HIV (PMTCT). UNICEF has also supported a range of short-term responses to public health emergencies, such as outbreaks of cholera and yellow fever.

27. Immunization continued to be a global priority in 2001, focusing primarily on polio, measles and MNT, and on the introduction of new vaccines through the GAVI alliance.

28. Global polio eradication efforts saw the number of confirmed polio cases decline from 2,979 in 20 countries in 2000 to 537 in only 10 countries (Afghanistan, Angola, Egypt, Ethiopia, India, Niger, Nigeria, Pakistan, Somalia and Sudan) in 2001. UNICEF worked closely with WHO and the other members of the Global Polio Eradication Initiative on such issues as vaccine supply and delivery and the organization of National and Subnational Immunization Days (NIDs/SNIDs) in endemic countries.

29. In 2001, 7.2 million women of child-bearing age were protected through the administration of two doses of tetanus toxoid (TT) vaccine as part of supplemental immunization activities. Of the 57 countries where MNT had not been eliminated, two (Namibia and Zimbabwe) were provisionally validated in 2001 as having eliminated the disease. An estimated 15,000 additional deaths due to tetanus have been averted each year since 1999, reducing the annual death toll from 215,000 to 200,000.

30. Supplementary measles immunization activities in Africa in 2001 reached approximately 40 million children, prevented some 80,000 deaths. Global measles vaccine coverage was 74 per cent in 2000, the last year for which data are available.

31. Coverage for hepatitis B, a new vaccine in many countries, has not yet increased significantly but is expected to rise dramatically as support from the GAVI alliance increases. Together with such partners as WHO, UNICEF supported 39 countries in developing or updating their national immunization plans. In addition, 12 countries received support in applying for support from GAVI to enable them to switch to using auto-disable syringes for immunization activities and to improve injection safety.

32. NIDs and SNIDs were used very effectively, especially in Africa, to distribute vitamin A capsules in more than 45 countries. As polio NIDs phase out, UNICEF is working with partners to assist Governments in strategizing and implementing alternative mechanisms to deliver vitamin A. UNICEF estimates that from 1998 to 2000, about 1 million deaths of children under five were averted by vitamin A supplementation. The most recent available data, for 2000, indicate that 40 countries had vitamin A coverage rates of at least 70 per cent of children under five for at least one round of supplementation, with 15 countries able to achieve two rounds of coverage of 70 per cent or more of children.

33. As reported to the Executive Board at its first regular session of 2002 (E/ICEF/2002/6 and Corr.1), following a review of past practices and current market conditions, UNICEF has developed a new procurement strategy for vaccines. The strategy comprises improved vaccine forecasting for countries, actions to address the critical issue of vaccine financing at both country and global levels, and long-term procurement agreements with vaccine manufacturers. Ongoing dialogue with manufacturers and advocacy on the security of vaccine supplies will be a regular part of UNICEF work in immunization "plus" during the MTSP period.

34. In 2001, UNICEF procured a total of over 2 billion doses of vaccines for nearly 100 developing countries, including procurement of vaccines and immunization supplies on behalf of GAVI to 23 countries approved for support from GAVI's Vaccine Fund. A review of lessons learned will be undertaken in 2002 to inform the next round of GAVI procurement in 2003. For both vaccines and vitamin A, maintaining the secure availability of supplies to low-income countries, and safe and timely provision to children in emergencies, will be a priority in the coming MTSP period.

35. UNICEF continued to be a major partner in the Roll Back Malaria Initiative. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria was a landmark in 2001 and UNICEF assisted in the design of mechanisms through which Governments and other partners can obtain resources from the Fund. Collaboration between the Roll Back Malaria partnership and the IMCI initiative is increasing. In partnership with WHO, UNICEF is now supporting the IMCI approach in over 70 countries, emphasizing training of local health workers and strengthening family child-care practices. Community-based, family-oriented health and nutrition programmes have registered recent achievements in Bangladesh and parts of Cambodia, India, Madagascar and Nepal, using such approaches as participatory assessment and monitoring of child development. Partnerships with NGOs and the World Bank are expanding; in Malawi and some other countries, SWAPs in health are now providing opportunities to increase the priority given to

community-based approaches to child health and nutrition. However, these programmes tend to be slowed by funding shortfalls, poor-quality data and the impact of AIDS.

36. Consistent with IMCI and the integrated approach to early childhood development (ECD), UNICEF cooperation is giving greater priority to improved sanitation and hygiene education, including through school programmes in some 55 countries. Although affected by funding shortages in some countries, UNICEF has also continued to support safe water programmes, notably in response to emergencies, or as part of multisectoral approaches in disadvantaged areas. UNICEF assistance to monitoring and improving the quality of water has also expanded further, to over 30 countries. With arsenic, fluoride and nitrates joining faecal contamination as serious threats to domestic drinking water supplies and child health — especially but not only in Asia — UNICEF is assisting the development of national standards for water quality and the introduction of community surveillance systems. There has been significant progress towards eradication of dracunculiasis, although there are persistent problems in some countries in Africa.

37. During the next four years, UNICEF support to hygiene, sanitation and water programmes increasingly will be integrated with broader approaches to child survival, growth and development as part of an integrated approach to ECD, with a particular focus on the poorest populations. A new strategy to improve hygiene will aim to maximize health benefits for children through the effective use of sanitation facilities and the promotion of household hygiene practices. There is good potential for further expansion of school-based activities — including deworming of children — if resources are increased. The promotion of local participation in the planning and management of water and sanitation programmes will continue, building on successes in Eastern and Southern Africa in particular. Linkages are also being established between these programmes and work on HIV/AIDS, including safe infant feeding.

Panel 1

Use of the global set-aside funds for strategic programming

1. A total of $25.7 million was made available to country programmes in 2001 from the global set-aside of 7 per cent of regular resources. Based on the criteria in Executive Board decision 1997/18 (E/ICEF/1997/12/Rev.1) establishing the fund, allocations were made by the Executive Director for strategic programming efforts in support of programme priorities and for additional special needs.

2. The largest segment of funds (40 per cent) was used to support the global polio eradication effort. The second largest allocation was for initiatives to fight HIV/AIDS (24 per cent). Anticipating the new MTSP, stronger emphasis was placed on girls' education (14 per cent) and child protection (10 per cent). The balance of the funds was allocated to other areas, including malaria prevention, ECD and WES. Programmes in sub-Saharan Africa received 51 per cent of the funds, those in Asia 38 per cent and other regions 11 per cent.

3. Twelve priority countries received funds to support the Global Polio Eradication Initiative. In Angola, the Democratic Republic of

Congo and Nigeria, funds were used to support large-scale NIDs, including planning, mobilization and logistics for the thousands of health staff and volunteers working to vaccinate most of these countries' children under five years of age. In Afghanistan, funds were used to conduct spring and autumn NIDs, reaching more than 11 million children. In Ethiopia, India and Myanmar, funds were used to support house-to-house "mop up" campaigns in areas where routine immunization coverage was low, while in Bangladesh and Pakistan, support was given to the national immunization systems through training of health workers and strengthening of monitoring and supervision. Overall, the set-aside funding helped to extend the reach of national polio immunization efforts to children in areas previously covered only sporadically, or not at all.

4. Sixteen countries received set-aside funds to strengthen HIV/AIDS interventions or to develop new initiatives. Some focused on the prevention of infection among adolescents, including promoting awareness, setting up "youth-friendly" clinics, providing life-skills training and improving HIV surveillance. In Haiti, Rwanda and Thailand, the funds enabled UNICEF to provide support to orphans and children affected by HIV/AIDS through the training of counsellors, institutional care and the development of community support networks. In the Russian Federation, Ukraine and a number of other countries, the funding was used in part for PMTCT. In Honduras and Viet Nam, funds were used to develop new partnerships for the care of affected children, while Myanmar strengthened home-based care for people living with HIV/AIDS, including psychosocial support for children and caregivers. In Zimbabwe, funds were used to train community and religious leaders to provide psychosocial support in districts with the highest incidence of HIV/AIDS, while Cambodia and Viet Nam saw support for awareness-raising sessions on the effects of stigmatization on people living with HIV/AIDS, as well as mass-media campaigns and hotline services.

5. Ten countries used set-aside funds for catalytic interventions in girls' education, aiming to increase girls' enrolment and retention in primary schools. In Eritrea, funds were used in the Red Sea regions most affected by drought, helping to build community systems to identify and support girls at high risk of dropping out of school due to poverty. In Chad and the Gambia, funds were used to supply water containers and grain mills to help alleviate the burden of domestic labour, enabling more girls to go to school. In Cambodia, funds supported pre-schooling to help reduce the demands on older girls for care of their younger siblings, and in Senegal, to improve school hygiene and nutrition. In the Lao People's Democratic Republic, funds were used both to reduce the burden of educational costs on families by helping to improve women's income-earning skills, and to improve the quality of teaching. Uganda used part of its allocation to support education for girls from semi-nomadic families, while Nigeria focused on states where girls' enrolment levels are particularly low or where girls have been dropping out of school to become sex workers.

6. Set-aside funds were used for child protection initiatives in 10 countries. In Angola, they were used to kick-start a birth registration campaign that will reach 2 million children by the end of 2002. Haiti used funds to provide material and psychosocial support to street children and child domestic workers. In the Lao People's Democratic Republic, Paraguay and South Africa, support was given to activities to strengthen the work of child advocates and training sessions for magistrates and police officers on the application of child rights legislation. Funds were used in southern Sudan to support the demobilization and reintegration of child soldiers, while case studies were supported in South Africa to help publicize the issue of sexual abuse in schools. In Thailand, training was provided to girls from poor families as part of a programme to protect children from sexual exploitation.

7. In Kenya, set-aside funds were used to distribute about 100,000 insecticide-treated bednets to pregnant women through antenatal clinics. A preliminary review showed that this distribution channel was cost-effective and a follow-up review will look at how well the nets are being used. Other funding went to the support of school hygiene education and improved water and sanitation facilities in Angola; for arsenic mitigation activities in Bangladesh; early childhood and BFHI workshops in the Gulf countries; and a community-based initiative that supported the training of caregivers and the provision of play and learning materials for young children in selected communities in peri-urban areas of Myanmar.

8. The set-aside fund allowed UNICEF to focus additional resources on key countries for the global priorities of eradicating polio and responding to the AIDS pandemic, as well as helping other countries gear up for expanded support to girls' education. As in previous years, the flexibility of the set-aside provision also allowed UNICEF to take advantage of emerging opportunities, including a youth-led initiative in Nepal for radio and television broadcasts on HIV/AIDS, the anti-malaria campaign in Kenya and the intensification of immunization efforts during periods of relative calm in Somalia, helping to reduce the number of cases of wild poliovirus from 41 to 4 over a one-year period.

Priority area 2: Improving early childhood care for child growth and development

38. ECD programmes assisted by UNICEF expanded to over 100 countries in 2001, including initiatives in such highly populated countries as Bangladesh and Brazil. Interventions are increasingly focused on improving parents' access to information about good child-care practices, working through community support networks, as well as on outreach through the mass media. Community ECD efforts increasingly focus on very poor families and indigenous groups, while in some countries, including Egypt and Mexico, emphasis is being placed on the child-care skills of fathers as well as mothers.

39. Most UNICEF-supported programmes also help to develop the capacities of professional caregivers and ECD managers through training programmes that stress

the cognitive and psychosocial as well as physical needs of young children. Where UNICEF supports group child-care facilities, the focus is increasingly on improving the quality of care.

40. The quality assurance of UNICEF-supported ECD programmes was strengthened in 2001 through greater emphasis on baseline surveys and monitoring of progress, including knowledge, attitude and practices (KAP) assessments in Viet Nam and a programme evaluation in Namibia. Interest in early childhood education is growing and high-level political commitment is beginning to emerge. However, approaches which go beyond high-cost, urban-based pre-school facilities are still relatively rare.

41. The number of countries which have incorporated all provisions of the International Code on the Marketing of Breast-milk Substitutes rose last year to 24 from 21, and 52 countries have now enacted some provisions of the Code. Growing appreciation of the relevance of the Code in the context of HIV/AIDS led to regional and national training activities, which contributed in turn to renewed efforts for national legislation. The total number of "baby-friendly" hospitals also continued to grow, reaching 15,146. UNICEF is supporting the "Baby-Friendly" Hospital Initiative (BFHI) and promotion of breastfeeding in over 100 countries, a number of which are reporting increases in their rates of exclusive breastfeeding. However, many previously certified hospitals have not been recertified. Greater emphasis will now be placed on revitalizing BFHI and on reaching parents once mother and child have come home, as an important element of an integrated approach to ECD centred on the family.

Priority 3: Preventing childhood disability

42. UNICEF continued to support prevention of childhood disability through immunization against polio, measles and other diseases, prevention of vitamin A and iodine deficiencies and dracunculiasis eradication. Recent achievements to ensure the use of iodized salt in order to eliminate iodine deficiency disorders (IDD) have been sustained, with some 70 per cent of households in developing countries now consuming adequately iodized salt, protecting over 90 million newborns from a significant loss in learning ability. Alerted by quality problems in some countries, UNICEF is supporting greater efforts to strengthen routine monitoring, regulation and partnerships with salt producers.

43. UNICEF supported efforts in some 37 countries to include disabled children in schools and to raise awareness of their needs among parents and teachers. A number of surveys or studies on childhood disability were also supported, which, as in Nepal, have provided an effective basis for improving national information, advocacy and planning. As detailed in the first part of the report of the Executive Director to the Executive Board,[6] UNICEF supported land-mine awareness programmes in 30 countries.

[6] E/ICEF/2002/4 (Part I).

Priority area 4: Improving access to and quality of basic education

44. In 2001, UNICEF emphasized girls' education and issues of quality. Several countries in sub-Saharan Africa and the Middle East and North Africa reported significantly increased numbers of children enrolled in primary schools, but problems of drop-outs or very poor learning achievement have become more apparent in other regions. Legislative measures to promote universal primary education were taken in several countries. Where UNICEF directly supports measures to increase enrolment, they now focus mainly on formal and non-formal educational opportunities for children who are affected by exclusion or crisis. The year saw a growing commitment to educational interventions in emergencies that helped to link rapid response with support for recovery and rehabilitation, and comprised more creative approaches to teacher support, more flexible models for the delivery of basic education and special attention to girls' education. These efforts culminated, late in the year, in a massive mobilization to support the commitment of the Afghan Interim Authority to re-establish educational opportunities for boys and girls throughout Afghanistan. Large-scale support was also given for the restoration of primary education in East Timor.

45. At the policy level, multi-agency partnerships have been strengthened in many countries through the development of PRSPs, the UNDAF, the Education for All (EFA) planning and reporting process and special girls' education initiatives, as in Cambodia.

46. The UNICEF-assisted African Girls' Education Initiative now covers 34 countries. In West and Central Africa, efforts to improve learning among girls included the development of gender-sensitive curricula, upgrading of sanitation facilities and campaigns to stop violence against girls in schools. In Eastern and Southern Africa, gender issues were emphasized in teacher education, life skills, problems of sexual abuse and the promotion of learning achievement. A stronger policy commitment to girls' education is now evident in parts of the Middle East. In nearly 40 countries, including much of East Asia and the Pacific, UNICEF is supporting "child-friendly" schools and an improved school environment, and there is a strong focus on "active learning" approaches in CEE/CIS and the Baltic States and parts of South Asia. For there to be real success in the next four years of the MTSP period, however, the gains made in girls' education in parts of Africa need to be sustained and complemented by larger-scale initiatives for out-of-school girls elsewhere, especially in Asia.

47. Endemic weaknesses of educational systems continue to pose challenges for many poor and conflict-affected countries. These include low teachers' salaries, unreliable data, population displacement and discrimination. The spread of AIDS is not yet being addressed with enough urgency in many national education systems, and life-skills initiatives are needed on a larger scale. A major challenge arising from the stronger emphasis on educational quality is the improvement of systems for the evaluation of learning achievement and other measures of improved quality. Some countries are now establishing basic learning competencies for key subjects in order to measure learning achievement.

Panel 2

UNICEF and the fight against HIV/AIDS: an update

1. The HIV/AIDS pandemic is arguably the single greatest threat to the rights and well-being of children and women worldwide. About 800,000 children under 15 years were newly infected with HIV in 2001 — over 90 per cent of them through mother-to-child transmission. Almost 12 million young people aged 15-24 years are living with HIV/AIDS and one half of all new infections — almost 6,000 daily — are occurring in this age group. In many countries, ignorance about HIV/AIDS is still widespread among young people, many of whom do not know how to protect themselves. Adolescent girls continue to have much higher rates of HIV infection than their male peers. More than 10 million children under age 15 have lost their mother or both parents to AIDS, making them less likely to have access to services and attend school and placing them at greater risk of abuse and exploitation due to the breakdown of traditional and state care systems. Some children and young people are especially vulnerable to HIV/AIDS, for example those who are affected by armed conflict, or are sexually exploited, living on the street or in institutions, or using intravenous drugs.

Key developments in 2001

2. At the global level, major developments during 2001 included the adoption of a Declaration of Commitment setting out specific goals relating to HIV/AIDS during the General Assembly Special Session on HIV/AIDS, and of the United Nations System Strategic Plan for HIV/AIDS for 2001-2005, which was developed with the participation of 29 agencies, including UNICEF.

3. UNICEF programme cooperation and capacities related to HIV/AIDS expanded at all levels. An HIV/AIDS strategy was developed by the newly created HIV/AIDS unit at headquarters through a broad consultative process, which included the first-ever meeting of UNICEF regional HIV/AIDS advisers. Mechanisms for sharing information among UNICEF staff were put in place, and fact sheets prepared on priority areas, including HIV and children affected by armed conflict. HIV/AIDS advisers are now in place in all regions, and staff capacity on HIV/AIDS expanded substantially in almost all regions during 2001.

4. UNICEF supported programmes to combat HIV/AIDS in 121 countries, with 18 additional countries to be assisted in 2002. In Eastern and Southern Africa, UNICEF-assisted country programmes have been reoriented to prioritize and mainstream HIV/AIDS support and five UNICEF country offices now devote more than one half of their budgets and staff time exclusively to supporting the fight against HIV/AIDS. National-level policy development and advocacy are key components of UNICEF cooperation. Country offices support Governments in the development of planning and legislative instruments, such as Malawi's new rights-based national orphan care policy and Mozambique's national AIDS plan. Advocacy efforts in such countries as Nepal and Tajikistan focus on generating increased commitment to combating HIV/AIDS

among partners and encouraging decision makers to approach the problem from a rights-based, gender-sensitive perspective. In Uganda, Zimbabwe and elsewhere, promoting the right to information and self-protection is at the core of UNICEF programmes of support, and in South Africa the empowerment of girls and women is emphasized as a key to ultimately controlling the disease.

5. UNICEF supports actions to ensure that young people have access to the information, life-skills-based education and services they need to reduce their vulnerability to HIV infection. As one example, 14 countries have begun participatory research with young people under the "what every adolescent has a right to know" communication initiative, to which UNICEF provides coordination and technical support. UNICEF also supported capacity-building workshops on skills-based health education in the eastern Caribbean, resulting in the development of teaching and learning materials, assessment models and national plans for implementation. In Eastern and Southern Africa, UNICEF and other partners teamed up to assist Education International Teachers Unions in eight countries to provide professional development for teachers on HIV/AIDS prevention, resulting in school-based programmes and strategies for protecting teachers themselves. A number of UNICEF regional offices, including for the Americas and Caribbean and CEE/CIS, have focused on strategies for HIV prevention among young people. In South Asia, UNICEF is developing a regional database on human and institutional resources, technical updates and support materials in the area of adolescent development, including HIV prevention.

6. Regional working groups on the PMTCT have been established in East Asia and the Pacific, West and Central Africa and Eastern and Southern Africa and several regions are collaborating on the problem. Over 300,000 women to date have been reached through UNICEF-supported pilot programmes in more than 16 countries, helping to pave the way for major efforts to scale up PMTCT interventions. Botswana is the first African country to have a national PMTCT programme, and national programmes also exist in Belarus and Ukraine. UNICEF is now supporting Governments and working with partners on the implementation of PMTCT in 47 countries and is particularly assisting countries in upgrading antenatal care so that women can receive counselling, voluntary HIV testing and access to anti-retroviral drugs. Lessons are being learned in specific areas from various programmes of cooperation, for example in India, on infant feeding and phased approaches to scaling up; Botswana, on integration within primary health services, infant feeding, voluntary counselling and testing services and linkages with wider access to anti-retroviral drug treatment); Uganda, on supply management, monitoring and evaluation); Zambia, on involving men in HIV prevention; and Rwanda, on working with NGOs. At the global level, UNICEF support to PMTCT initiatives has focused on strengthening programme communication, the procurement of supplies, policy guidance, monitoring and evaluation.

7. In addition to the prevention of HIV transmission, UNICEF is working to strengthen the capacities of families and communities to care

for, support and protect orphans and vulnerable children. In October 2001, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations — which UNICEF chaired in 2000-2001 — endorsed five strategies and 12 principles to guide programmes for orphans and vulnerable children. UNICEF helped to develop the strategies and principles and to mobilize support for them, including through organizing global and regional consultations. At country level, baseline data are being collected to support advocacy, policy development and programme implementation. In Eastern and Southern Africa alone, more than a dozen studies on orphans and vulnerable children have been carried out, ranging from a broad national survey of children orphaned by AIDS in Ethiopia to a focused investigation of community coping mechanisms in Zambia. In Uganda, facilitators were trained to help communities to assess their needs and develop local solutions. In Thailand, local government agencies were encouraged to work directly with affected households, while UNICEF supported partnerships with Buddhist monks through the Sangha Metta project.

8. UNICEF has increased prevention efforts in countries affected by armed conflict and now includes an element of HIV/AIDS activities in virtually every humanitarian programme. Behavioural change, public awareness and support in such areas as testing and counselling are all strongly emphasized. Specific activities included the training of young peer educators on HIV/AIDS among displaced persons in Eritrea, provision of AIDS information through mine awareness programmes in Angola, strengthening community support for orphans in Burundi, care for those living with HIV/AIDS in Rwanda and support for voluntary testing and counselling among refugees in the United Republic of Tanzania.

Partnerships

9. At country, regional and global levels, UNICEF is strengthening its partnerships with United Nations agencies, bilateral and multilateral agencies, academic and research institutions, private foundations and companies, NGOs and civil society organizations (CSOs), including faith-based organizations, in order to expand and improve the quality and range of actions for and with children affected by HIV/AIDS.

10. UNICEF collaboration with the other UNAIDS cosponsors and other partners at the global level continued through inter-agency networks, working groups and task forces, including those dealing with schools, young people, PMTCT, orphans and vulnerable children, conflict and reproductive health in refugee settings. These networks now include a broader range of partners both within and outside the United Nations. Examples include the "FRESH" Initiative which focuses on skills-based health education and includes UNICEF, WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Office for Drug Control and Crime Prevention, the World Bank and technical support agencies including the United States Centers for Disease Control and Prevention (CDC); and working groups

on orphans and vulnerable children and children affected by armed conflict. UNICEF also works directly with a range of networks, NGOs and technical agencies, including the World Alliance of Breastfeeding Associations; the Panos Institute (for studies on stigma); Family Health International (including on voluntary counselling and testing); the International Center for Research on Women (on the vulnerability of girls and women to HIV/AIDS); and Save the Children (United Kingdom) (on young people and HIV/AIDS in conflict situations). At country level, UNICEF works closely with other United Nations agencies as well as government agencies and key civil society partners through the United Nations country theme groups on HIV/AIDS, which are chaired by UNICEF in many cases.

11. The bulk of communication support for HIV/AIDS was centred around the General Assembly Special Session on HIV/AIDS in June 2001. Activities included a well-publicized visit to South Africa by Goodwill Ambassador Harry Belafonte, who delivered a report on orphans and other vulnerable children at one of the events held during the Special Session. Through the Voices of Youth web site and chatroom, 300 young people from 26 countries interacted with journalists about HIV/AIDS. UNICEF also provided financial support to the Youth Against AIDS Network to facilitate greater communication and advocacy among youth organizations in Africa. UNICEF developed new relationships with MTV and FIFA to create greater awareness of HIV/AIDS and reach more young people with life-saving messages.

Looking forward to the MTSP 2002-2005

12. Fighting HIV/AIDS is one of the five organizational priorities of the MTSP. UNICEF intends to mobilize increased resources to this priority, focusing on the four key areas of preventing HIV infection among young people; PMTCT; the care, support and protection of orphans and other vulnerable children; and increased support for children, young people and parents living with HIV and AIDS.

Priority area 5: Improving adolescent health and development

48. A range of issues was addressed in UNICEF cooperation, including situation assessment, prevention of the spread of HIV and other sexually transmitted infections, "second-chance" education for teenage girls, promotion of livelihood skills and adolescent participation in policy discussions. These efforts were given impetus by the "Say Yes for Children" campaign and regional preparations for the Special Session on Children.

49. UNICEF supported participatory research with young people, as well as the launching of communication campaigns or media projects in several countries to promote awareness of child rights among adolescents. UNICEF also supported life-skills and vocational training programmes with a focus on HIV/AIDS for disadvantaged young people in the Americas and in post-conflict situations, for

example in Liberia and the Balkans. Overall, UNICEF supported youth information programmes in more than 70 countries, and increased its focus on information and outreach to prevent drug abuse, especially in CEE/CIS. Peer-to-peer approaches involving adolescents as educators are showing promise, as are "youth-friendly" social facilities.

50. In Jamaica, Jordan, Mongolia, Nepal, Pakistan and Swaziland, for example, UNICEF supported situation assessments among adolescents to increase awareness and support policy development, often using participatory methods. Baseline research also took place in Argentina, Chile and Uruguay and a network of 120 youth groups conducted research on AIDS-related issues in Bosnia and Herzegovina. Opinion polls were conducted among representative samples of girls and boys in 72 countries, mainly in CEE/CIS and the Baltic States, the Americas and the Caribbean and Eastern and Southern Africa. The polls provided insights on the views of young people and will inform public debate and future initiatives on the risks they face, such as violence.

Priority area 6: Protecting children from exploitation, violence and abuse

51. In 2001, UNICEF continued to focus its support on four main areas: child labour; reducing the impact of AIDS and conflict on children; prevention of sexual abuse and trafficking; and reform of juvenile justice systems.

52. The rapid ratification of International Labour Organization (ILO) Convention 182 on the elimination of the worst forms of child labour has been an important stimulus to work in this area. In 2001, UNICEF supported education as a preventive strategy against child labour in some 30 countries and advocated on the issue more widely still. In India, the focus on education has been combined with a more comprehensive community development approach and partnerships with the private sector. In Bangladesh, non-formal educational opportunities were provided to 164,000 working children in six cities. In terms of policy, UNICEF assisted the development of national plans of action on child labour and the organization of national forums in some countries, for example in Brazil. The ILO/UNICEF partnership assisted the launch of national programmes in response to Convention 182 in El Salvador, Nepal and the United Republic of Tanzania, and helped to upgrade the national Child Labour Unit in Kenya.

53. Globally, there is an increasing focus on addressing the commercial sexual exploitation of children. The Second World Congress against Commercial Sexual Exploitation of Children and the regional consultations preceding it allowed for intense advocacy on the issue. More than 50 countries have formulated or revised their national plans of action and regional strategies have also emerged. UNICEF supported awareness campaigns, telephone hotlines for adolescents, training of police officers in investigative procedures, and care and counselling services for child victims. UNICEF facilitated inter-country contacts for cross-border coordination in both West Africa and East Asia and participated, together with ILO, in discussions with producers to protect children on cocoa plantations.

54. In areas affected by conflict, a number of Governments and rebel groups took measures for the demobilization and social reintegration of child soldiers. These efforts gradually are being linked more closely to the provision of basic services,

including education. UNICEF assisted in the care and reintegration of child soldiers in 16 countries, helped to negotiate the release of abducted child soldiers in Uganda and advocated against the recruitment of children in the Democratic Republic of the Congo, Sri Lanka and elsewhere. One of the biggest successes was the demobilization of over 3,500 child soldiers in the Sudan, the culmination of more than 12 months' negotiation and preparation. These efforts have been boosted by the recent entry into force of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. UNICEF has also increased its involvement with the provision of psychosocial support to conflict-affected children, ranging from therapeutic interventions to teacher training.

55. Many UNICEF offices advocated or provided technical support for the better protection of children in conflict with the law and the broader reform of juvenile justice systems. UNICEF advocated against the detention of children except as a measure of last resort, and for the diversion of children away from the criminal justice system. Support was also given in some countries to legal aid clinics for minors, training programmes for legal professionals and national working groups.

56. In the next MTSP period, it will be important to tackle the persistent weaknesses which have affected programme cooperation in the area of child protection in recent years. These have included severe funding shortages, weak monitoring mechanisms and lack of quantifiable indicators. In addition, responses to such problems as child exploitation need to move to a larger scale and be mainstreamed in such national policies and partnership frameworks as PRSPs and UNDAFs.

Priority area 7: Reducing maternal mortality and morbidity

57. In 2001, UNICEF continued to support programmes to improve the quality of emergency obstetric care for effective management of life-threatening complications, and to increase women's access to quality health care, including skilled birth attendants. In recent years, UNICEF has also increased advocacy and technical support for the inclusion of safe motherhood in the policy and budget priorities of PRSPs, health SWAPs and other sectoral reform initiatives.

58. Steady progress was made in the Women's Right to Life and Health initiative in South Asia, which included UNICEF support for the upgrading of district hospitals to provide emergency obstetric care, complemented by community organization for birth preparedness. Assistance to community initiatives was also common in East Asian countries, for example, for mobilizing transport for pregnant women and using radio networks. In sub-Saharan Africa, the focus has been on equipping basic health facilities with supplies, transport, radios and essential drugs, as well as the distribution of micronutrient supplements. Maternity waiting homes in more remote areas and the expansion of national health insurance schemes are among the initiatives receiving support in the Americas. In almost all regions, UNICEF has also supported the training of primary-level health workers, traditional birth attendants (TBAs), midwives and doctors on the recognition of danger signs in pregnancy, early referral and life-saving skills.

59. Efforts were also made to broaden the scope of antenatal care to provide information to women on danger signs during pregnancy; prevent malaria among pregnant women; immunize women against tetanus; screen for and treat sexually

transmitted infections; and offer HIV testing and counselling. UNICEF supplied iron folate and/or multiple micronutrient supplements to address maternal malnutrition in 43 countries and supported fortification of food with iron in 22 others. While the strategy for safe motherhood programmes is broadening, more emphasis is still needed on health education among adolescents, for whom pregnancy carries major risks, and on the post-partum period.

60. UNICEF continued to support pilot projects in 11 countries to address the problem of low birth weight. Especially strong initiatives have emerged in Bangladesh, the United Republic of Tanzania and Viet Nam, which will contribute to the development of larger-scale programmes. The lack of systematic reporting of birth-weight data is a major constraint.

Priority area 8: Preventing gender discrimination and promoting gender equality

61. In 2001, UNICEF continued to promote attention to gender issues within the United Nations system, including through the UNDAF and the country theme groups on gender, and to support the Committee on the Elimination of Discrimination against Women. UNICEF also supported the mainstreaming of gender-related concerns in consolidated appeals and emergency training materials, and participated, among others, in the gender subgroup for Afghanistan. UNICEF offices assisted countries in monitoring the implementation of the Beijing Platform for Action and, where requested, in the preparation of national reports on the Convention on the Elimination of all Forms of Discrimination against Women, with emphasis on issues relating to girls. The advancement of women was promoted in a number of countries — notably in West Africa — through training and support to small-scale enterprises, usually linked to basic service programmes.

62. UNICEF continued to support efforts to combat female genital mutilation (FGM) in more than a dozen countries, through multipronged approaches including national workshops to build consensus, information campaigns and partnerships with local leaders, health workers and youth clubs. There was some success in gaining commitments from local leaders and developing a more systematic approach to the design and evaluation of anti-FGM programmes. Similar strategies were used to address other issues of gender-based violence, such as advocacy against "honour" killings in South Asia and partnerships with health services to assist victims of violence in Peru. There were also new initiatives to strengthen action against early marriage, including a first inter-agency consultation and a publication by the Innocenti Research Centre on the issue. UNICEF supported studies of early gender socialization in seven countries during 2001, which will help to refine strategies for integrated ECD as part of the new MTSP.

C. Improving the availability and use of data in critical areas

63. The assessment of progress over the last decade towards the goals of the World Summit for Children peaked during 2001. Over 150 countries produced national end-decade reports, many with detailed data supporting their assessments. UNICEF undertook a major data collection exercise from countries, using its extensive field presence. Substantial updates were made to the databases required for assessing

progress during the 1990s, and major revisions were made to the previous data series. Building on experience with child mortality estimates, UNICEF implemented complete revisions of the methodology for producing coverage estimates for water, sanitation and immunization, in addition to substantial revisions of the series of data estimated over time and many other indicators. The results of this work can be found in the report of the Secretary-General[7] and the publication, "We the Children", which includes a detailed statistical review. More extensive reporting of progress can be found on the web site www.childinfo.org.

64. The end-decade Multiple Indicator Cluster Surveys (MICS) played a major role in helping countries to fill data gaps for reporting on the situation of children. This flexible, practical household survey method, developed by UNICEF and a number of partners in 1997, collected data not only on nutrition, health and education, but also on other indicators related to child rights. While the majority of MICS had completed data collection before 2001, a few countries collected data during the year, two of them under difficult circumstances in Angola and the Democratic Republic of the Congo. While the data for these latter surveys were received too late to be used in the end-decade assessment, they form a critical base from which to assess changes in the present decade.

65. The adoption of the MDGs by nearly 150 Heads of State or Government at the Millennium Summit provided an opportunity to improve the availability and use of data by focusing international development on a single set of goals and related targets. UNICEF has an important contribution to make since, in seven of the eight MDGs, nine out of eleven targets are directly related to the MTSP priorities. As a result, many of the indicators for assessing progress towards the MDGs are similar to ones expected to be used for monitoring progress against the outcome document of the Special Session on Children and the MTSP. The singular focus on the MDGs is already facilitating coordination of inter-agency work on common indicators.

66. "ChildInfo", the software package developed with the support of UNICEF for storing, organizing and displaying data, particularly through maps, is being used by some 50 country offices in all regions. About one half of those offices adopted ChildInfo for monitoring and reporting of progress on the CCA/UNDAF and many Governments are using ChildInfo for their own data. The package is used for monitoring a wide range of data, including for polio elimination; tracking population movements; index mapping of child vulnerability; monitoring relief and rehabilitation activities; displaying educational progress; and population census data.

67. A review of relevant indicators for monitoring progress against the MTSP and the outcome document of the Special Session on Children is already underway. Where possible, existing indicators are being used to minimize confusion and workload. The development of new indicators is considerably aided by the inclusion in the end-decade MICS of questions related to child labour, birth registration, malaria prevention and treatment, family environment, orphans, knowledge and attitudes about HIV/AIDS and early childhood education. Further analysis of these survey data will provide a baseline for monitoring progress from the start of the present decade.

[7] A/S-27/3.

D. Strengthening management and operations

Human resources

68. In 2001, UNICEF continued to implement activities aimed at enhancing management and leadership capacity with particular emphasis on the rights-based approach, United Nations reform initiatives and emergency preparedness. A leadership and management training session was organized for the benefit of 28 senior programme and operations officers, and 13 women staff members underwent training within the "Women in Leadership" initiative. A new strategy for current and future learning initiatives related to the MTSP was developed and a host of other learning, staff development and family/work-friendly initiatives were undertaken.

69. UNICEF chaired the inter-agency group on learning initiatives to support United Nations reform and provided support for a course at the United Nations Staff College, in Turin, Italy, to train resource personnel who in turn assisted country teams in preparing CCAs/UNDAFs. UNICEF staff also took part in training on common services at the Staff College. UNICEF chaired the inter-agency group on mobility and developed a pool of posts for managed inter-agency movements and participated in the design of the resident coordinator assessment programme.

70. Important career development initiatives included the introduction of new competency profiles for key programme and operations staff. A review of the career development pilot exercise underway in the Nigeria country office, now in its second year, indicated that staff are aware of increased opportunities for personal and professional development, learning related to career growth, staff exchanges with other offices in the region and the possibility of temporary assignments in other offices. The exercise will be replicated in other offices, with a staff development initiative planned for implementation in China in early 2002. The testing of a pilot of a new performance management system, known as "GROWTH", was expanded from 11 to 19 offices in 2001. The results will be reviewed at the end of 2002 and will provide input to the development of a new performance management system.

The supply function

71. The global procurement of supplies by UNICEF doubled during the four years of the MTP period, rising from $330 million in 1998 to approximately $637 million in 2001. Offshore procurement through Supply Division increased by 67 per cent, from $217 million to $363 million, while local and regional procurement increased by 142 per cent, from $113 million to $274 million. The proportion of local and regional procurement has increased from 34 to 43 per cent in the past three years.

72. Global procurement amounted to $637 million in 2001, an increase of 27 per cent ($135 million) over the previous year ($502 million). This included procurement for UNICEF-assisted programming, procurement services customers, GAVI and the Oil for Food Programme (OFFP) in Iraq. The global procurement of vaccines totalled $267 million in 2001, a 91-per-cent increase over the previous year. This was largely because of procurement for global polio eradication efforts and for the GAVI alliance.

73. Following an internal consultative process, the mission, priorities and work plans of Supply Division were revised to emphasize the needs of internal "customers" (UNICEF offices, Governments or NGOs). The resulting reorganization

had a positive affect on the timely delivery of supplies to country offices. A dedicated emergency team was established to ensure coordination and rapid delivery of supplies in all emergency situations. As a result of emergency preparedness planning, Supply Division was able to mobilize and pre-position essential supplies on short notice, especially for the Afghanistan emergency. In addition, enhanced operational arrangements have resulted in efficiency gains, improving lead times for offshore procurement and deliveries from the Copenhagen warehouse by 25 per cent in 2001.

Information management and technology

74. The integrated management information systems — comprising the Programme Manager System (PROMS) (including human resources and payroll functions for field offices), the Financial and Logistics System (FLS) and the Integrated Management and Information System (IMIS) (for human resources and payroll for international and New York headquarters staff) — gained increased stability in 2001. These integrated systems give headquarters staff online access to data from regional and country offices.

75. The management and operations of the UNICEF information technology (IT) infrastructure have improved through close monitoring, using "Enterprise Management" software and processes, in the context of a globally sustainable IT operational environment. Contributing to this improved situation were control of application software rollouts through rigorous testing, change management and release procedures, followed by release into production in accordance with a formal methodology, known as Information Technology Infrastructure Library.

76. From an IT perspective, the response to the events of 11 September 2001 was effective, with minimal downtime for the Internet and Intranet sites. The UNICEF virtual private network and global internal e-mail systems generally were not affected and all critical systems were functional within 48 hours. The Information Technology Division (ITD) has accelerated steps to maintain global IT systems in case of future emergencies.

77. The expansion of the global Internet Protocol (IP)-based wide area network now covers three quarters of all field offices. This creates the foundation and infrastructure for increased usage of the UNICEF Intranet, which saw 250-per-cent growth over 2000. UNICEF is collaborating with other United Nations agencies that are following the same strategic direction of a global wide area. UNICEF IT management practices have been recognized as best practices by a worldwide leader in IT research and advisory services.

III. Income and expenditure

Income

78. Total income for 2001 was $1,218 million, an increase of $86 million (8 per cent) over 2000 and of $58 million (5 per cent) over the target of $1,160 million established in the financial plan. Despite the growth in income, the slight decline in regular resources (in absolute and relative terms) is a source of deep concern to UNICEF. In line with the harmonized budgets of UNDP, UNFPA and UNICEF, certain biennial support budget costs (including income tax reimbursement and

government contributions towards local costs) totalling $7.8 million in 2001 have been excluded from total income. For 2000, the amount excluded was $7.5 million.

79. Table 1 below provides details of income by source. In 2001, as in previous years, UNICEF derived its income principally from two sources: Governments and intergovernmental organizations, which, on a net basis, contributed $782 million (64 per cent) of total income; and non-governmental or private sector sources, which provided $400 million (33 per cent). The balance of $36 million (3 per cent) was derived from other miscellaneous sources. Interest, the main component of miscellaneous income, decreased largely because of lower interest rates, especially in the United States. In terms of gross contributions, Governments and intergovernmental organizations contributed $790 million in 2001, compared to $725 million in 2000. The overall mix between regular and other resources continued to worsen in 2001, with regular resources decreasing from 49 per cent of total contributions in 2000 to 45 per cent in 2001. Reversing this trend warrants the urgent attention of the Executive Board and the donor community.

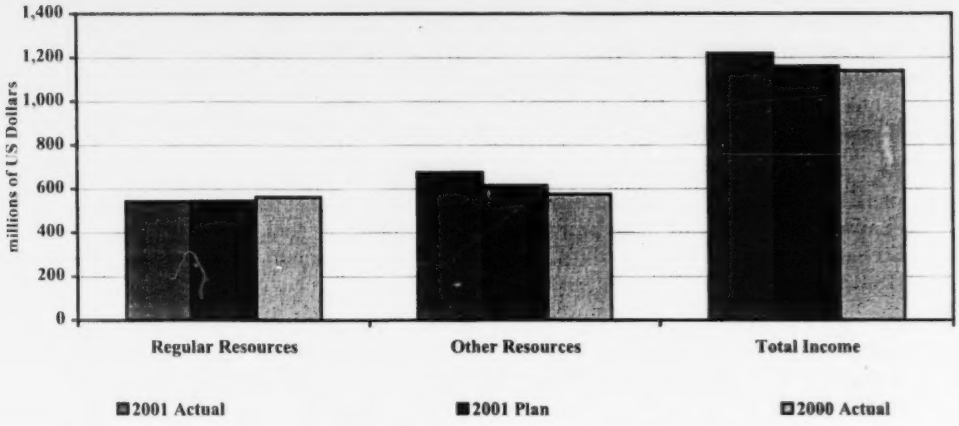
80. Regular resources contributions from Governments increased by $8 million in 2001, to $351 million. Despite this increase, overall regular resource income declined by $12 million (2 per cent) due to reduced regular resources income from the private sector and non-governmental sources. After the adjustments for biennial support budget costs described in paragraph 78 above, total regular resources income from Governments was $343 million in 2001, compared to $325 million in 2000.

81. Total other resources income (both regular and emergency) for 2001 was $674 million, an increase of close to $98 million (17 per cent) as compared to 2000 and $59 million (10 per cent) in relation to the financial plan projections for 2001. Other resources (regular) income amounted to $439 million in 2001, an increase of $61 million (16 per cent) as compared to 2000 and close to 4 per cent more than projected in the financial plan. Other resources income for emergencies reached $235 million, an increase of $37 million (18 per cent) over 2000 and an even greater increase (23 per cent) compared to the projections in the financial plan, largely because of contributions for the Afghanistan crisis late in the year.

Table 1
Total UNICEF income by source of funding, 2001
(Regular and other resources)
(In millions of United States dollars)

	1997	*1998*	*1999*	*2000*	*2001*
Governments	595	603	687	725	790
Less biennial support budget costs	-	-	-	8	8
Subtotal: net income from Governments	**595**	**603**	**687**	**717**	**782**
Non-governmental/private sector	284	319	394	367	400
Other	23	44	37	47	36
Total	**902**	**966**	**1 118**	**1 131**	**1 218**

Figure 1. **Total UNICEF income in 2001, by source of funding (Regular and other resources)**



82. Total government contributions for emergencies amounted to $160 million, an increase of $29 million (22 per cent) over 2000 and almost the same percentage higher than the financial plan amount of $132 million.

83. Regular resources income from the private sector amounted to $164 million in 2001, $1 million (0.8 per cent) lower than 2000. Private sector income is principally generated by National Committees for UNICEF. Despite growth in local currency fund-raising income in many major markets, the overall decrease results from the continued weakness of card and product sales and the negative impact of the strong United States dollar.

84. Other resources income from the private sector amounted to $216 million, a 22-per-cent increase over 2000. This includes revenue from private sector fund-raising appeals and contributions from the private sector and NGOs.

Table 2
UNICEF income by type of funding, 2001
(In millions of United States dollars)

	1997	*1998*	*1999*	*2000*	*2001*
Regular resources (gross)	547	571	589	563	551
Less biennial support budget costs	-	-	-	8	8
Subtotal: net regular resources income	**547**	**571**	**589**	**555**	**544***
Other resources (regular)	243	279	332	377	439
Other resources (emergency)	112	116	197	199	235
Total	**902**	**966**	**1 118**	**1 131**	**1 218**

* Rounded.

85. Trust fund accounts not related to programmes approved by the UNICEF Executive Board are not entered in the financial accounts of UNICEF as income and expenditures. These funds are used mainly to cover the cost of goods and services purchased and delivered on a reimbursable basis by UNICEF on behalf of Governments, other United Nations agencies and NGOs. In 2001, UNICEF received $481 million in cash for these trust fund accounts. Disbursements and obligations totalled $354 million.

Resource mobilization

86. Regular resources are the foundation for UNICEF country programming and remain a high priority for the organization. Other resources are indispensable for expanding the reach of those programmes. It is crucial to find an optimal balance between regular and earmarked contributions that will safeguard the core capacity of UNICEF to further its mandate in programme countries.

87. As reported at the pledging event in January 2001, 66 Governments (28 donor and 38 programme Governments) pledged or indicated tentative pledges to UNICEF. A total of $346 million was pledged, with 11 more countries announcing pledges than in 2000. Thirty countries made multi-year pledges and 15 countries provided improved information on payment schedules. Both of these actions enhanced the organization's ability to predict income and cash-flow which facilitate better management of financial resources.

88. Overall, 91 countries contributed to regular resources in 2001, 27 of them members of the Organisation for Economic Co-operation and Development). Some other significant statistics are:

(a) 35 countries increased their contribution compared to prior years;

(b) 18 donor countries increased their contributions (Australia, Belgium, Finland, France, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, the Netherlands, New Zealand, Norway, Poland, Republic of Korea, Spain, Sweden and the United States);

(c) The United States remains the largest government donor and contributed $216 million in 2001, followed by Japan ($97 million), United Kingdom ($74 million) and the Netherlands ($69 million). The United States also is the top contributor to regular resources ($110 million), followed by Norway ($35 million), the Netherlands ($32 million) and Sweden ($30 million). The top 20 contributors to regular resources are listed in annex III;

(d) The Governments of Belgium, Greece, Ireland, Italy, Luxembourg, Monaco, the Netherlands, New Zealand, Norway, Poland and the Republic of Korea all increased their contributions by 7 per cent or more. Ireland, Italy and the Netherlands all increased their contributions by more than one third;

(e) The additional regular resources contribution of $7.2 million from one of the major donors, the Netherlands, deserves special recognition;

(f) Six donor Governments (Belgium, Finland, Italy, the Netherlands, Republic of Korea and Spain) provided additional regular resources at the end of 2001. This practice of donating unallocated resources at year end to UNICEF is a powerful example to other donors;

(g) 14 programme countries increased their contributions by more than 7 per cent and 11 programme countries restored their support in 2001.

89. During 2001, UNICEF developed new ways of collaborating with Governments for mobilizing regular and other resources. For example, UNICEF developed two new programmes with the Government of the Netherlands which provide UNICEF with other resources for thematic priorities. UNICEF is engaging in a closer technical and programmatic dialogue with the donor. UNICEF and the Department of International Development (DfID) of the United Kingdom have launched a three-year programme to enhance UNICEF capacities to predict and respond to civil strife, armed conflict and natural disasters. The DfID is also supporting UNICEF in strengthening its capacity for programming from a human-rights perspective. The Government of Sweden initiated discussions with UNICEF on strategic cooperation for 2002-2004 which should provide more flexible funding. Norway continued to support girls' education, providing $22 million as flexible funding for 34 countries in Africa for 2001-2004. Finally, at the Second World Congress against Commercial Sexual Exploitation of Children, the Government of Italy announced a thematic contribution for child protection in East Asia, emphasizing child trafficking, abuse and exploitation. Italy also provided a major additional contribution to its initiative on children affected by armed conflict.

90. In accordance with Executive Board decision 1999/8 (E/ICEF/1999/7/Rev.1) on the resource mobilization strategy, UNICEF held 15 formal and informal consultations with donor Governments and partners during 2001 on various aspects of cooperation, including core financial support. UNICEF also entered into five new framework agreements with donor Governments.

Expenditure

91. In 2001, total expenditures amounted to $1,238 million (excluding adjustments), an increase of $141 million (13 per cent) over 2000 expenditures of $1,097 million (see table 3 below). Total expenditures were $128 million (12 per cent) higher than anticipated in the financial plan. Management and administration expenditures were $81 million (6.5 per cent of total expenditure) and programme support equalled $145 million (12 per cent of total expenditure). Direct programme assistance amounted to $1,012 million (a 14-per-cent increase over 2000), or 82 per cent of overall expenditure. Total support budget expenditure (management and administration and programme support) for the 2000-2001 biennium amounted to $438 million, or 19 per cent of total expenditure, compared to 24 per cent for the 1998-1999 biennium.

Table 3
Expenditure by type of input, 1998-2001
(In millions of United States dollars)

	1998	*1999*	*2000*	*2001*
Programme cooperation, supplies and equipment (including freight)	219	291	295	361
Cash and other assistance	425	527	590	651
Programme support	141	153	138	145
Subtotal	**785**	**971**	**1 023**	**1 157**
Management and administration	82	89	74	81
Expenditure excluding adjustments	867	1 060	1 097	1 238
Write-offs and other charges	15	3	6	8
Total	**882**	**1 064**	**1 103**	**1 246**

92. The substantial increase in expenditures in 2001 is a result of a 35-per-cent increase in other resources, enhanced absorption capacity in large programmes in Africa and implementation of various emergency programmes. Another factor is the stabilization of UNICEF management operating systems, which allow for better planning and improved pace of commitment of resources throughout the calendar year.

93. The breakdown of programme expenditure by major programme sectors is provided in annex IV, figure I. As in previous years, the largest single share of UNICEF programme expenditure was in the area of health. A significant share of programme expenditure in 2001 was in the areas of basic education, child protection and water and environmental sanitation (WES).

94. The breakdown of programme expenditure by region is presented in annex IV, figure II. Sub-Saharan Africa continued to receive the greatest share of UNICEF programme expenditure, which in 2001 amount to $444 million, or 38 per cent of total spending. This represents an increase of $52 million, or 13 per cent over the corresponding amount of $392 million in 2000.

95. Annex V shows the breakdown of UNICEF programme expenditure in 2001 in countries classified according to gross national product (GNP) per capita and U5MR. As in previous years, the major portion of UNICEF resources continued to be made available to and spent in the 64 low-income countries with a per-capita GNP of $755 or less. These countries — which have a total child population of 1.3 billion, or about 70 per cent of all children worldwide — received 68 per cent of the total programme expenditure, which was 1 per cent higher than in 2000.

IV. Towards an effective performance management system

96. In 2001, UNICEF made considerable progress in the area of results-based management, with much of this work centred around the preparation of the MTSP. The MTSP requirements for reporting on results have made clear the need for an improved information management system.

97. Other work on performance management included issuance of revised guidelines on country programme management plans in January 2001. In line with other UNDG members, UNICEF developed a simplified country programme preparation and approval process that was approved by the Executive Board at its first regular session of 2002. A revised Programme Policy and Procedures Manual was developed in 2001, based on the 2000 version with its emphasis on a human rights-based approach to programming, but with greater emphasis on mainstreaming of emergency response, inter-agency collaboration, CCA/UNDAF and reflecting the new simplified country programme process.

98. In 2001, the evaluation function focused on institutional management of the organization as a whole, and on the level of the country programmes. Further details on the evaluation function in the context of the MTSP are included in a separate report being presented to the Executive Board at its annual session of 2002 (E/ICEF/2002/10).

99. The Office of Internal Audit (OIA) introduced guidelines for the audit of programme management in field offices which consider the quality of an office's objective setting, the functioning of the country management team, the use of performance information systems and the functioning of programme monitoring and evaluation activities. The new guidelines were applied in more than 20 field audits in 2001. The OIA information management system was revised to simplify the collective review and organization of audit findings from all field audits. This new information system supports the identification of systemic performance issues that can inform headquarters divisions and regional offices of common strengths and shortcomings in the field. OIA also introduced a training session that was conducted in almost all field audits to strengthen staff awareness of key financial control concepts. The findings from the 2001 audits and the initial application of the new information system will be reported to the Executive Board at the second regular session of 2002.

V. Conclusion

100. In 2001, UNICEF continued to implement the MTP 1998-2001, with notable success in many areas. UNICEF programme activities continued to focus on the implementation of the MTP programme priorities in 2001, with a focus on Africa and the LDCs. Major shifts in emphasis were the development of the MTSP, building the Global Movement for Children, and preparing for the Special Session on Children.

101. The challenge for UNICEF in 2002 will be to complete the important work done in 2000-2001 on several fronts, and to continue working with donors to ensure a secure regular resources funding base for that work. Ensuring the success of the Special Session on Children will be a major focus of activity in the first half of the year, with its follow-up a longer-term priority. Building on its involvement in the

variety of new and emerging international development frameworks (e.g., CCA/UNDAF, PRSP, the Comprehensive Development Framework and SWAPs), UNICEF will continue to use the opportunities offered by these frameworks to promote the rights of children and to ensure that national and sectoral policies are "child-friendly".

102. The new MTSP presents both an opportunity and a series of challenges to UNICEF. Detailed operational guidance notes for each of the five organizational priorities will be disseminated throughout the organization in 2002. Major internal reports, including the annual reports of country offices, will be revised to permit better results-based reporting, and management information systems will be improved. Headquarters and field offices will implement the MTSP following the principles of results-based management and a rights-based approach to programming. The next report of the Executive Director, which will be presented one year from now, after the first full year of the MTSP period, will reflect those new emphases.

Annex IA

Summary results matrix: medium-term plan programme priorities

* Note: Expenditure estimates shown in these summary matrices are approximate, and do not include expenditures for general or unattributed advocacy, programme support, cross-sectoral and emergency-related expenditures, which often support specific programme priority areas. Relatively small programme areas which do not fall within the MTP programme priorities are also not included.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
I. Reducing young child mortality and morbidity			**Estimated expenditure: $447 million**
A. Achieve high immunization/ vitamin A supplementation			
• Support to national immunization programmes or campaigns in 125 countries, including social mobilization, health worker training, logistics, vaccine supply and procurement, cold-chain maintenance.	• Child immunization coverage remains stable at about 74% globally, but many countries in Africa and South Asia are still well below average. • Large numbers of additional children and women, including in marginalized areas, were reached through specific campaigns.	• Budget shortfalls, human resource limitations, containment problems in border districts, poor cold-chain and vaccine management and access problems due to instability.	• Ministries of Health in developing countries and WHO. Also, NGO networks, traditional leaders and heads of national and provincial authorities. • To date; GAVI has committed over $700 million from the Vaccine Fund to some 52 countries for strengthening immunization systems and funding the introduction of new vaccines.
• Promotion and support of NIDs in endemic countries, and of SNIDs in border zones, IDP camps, emergency-affected provinces and other high-risk areas. • In 2001, over 1 billion doses of oral polio vaccine (OPV) procured for campaigns and 175 million doses for routine immunization activities. Support also given to community mobilization, micro-planning, cross-border activities and countries in emergencies.	• Polio NIDs or SNIDs supported by UNICEF in 63 endemic countries, including under very challenging conditions as in Somalia. Confirmed polio cases continued to decrease from 2,979 in 2000 to fewer than 1,000 in 2001. In 15 additional countries, national immunization and surveillance systems strengthened through OPV procurement, training, advocacy,etc. Multi-country NIDs in West and Central Africa. Multiple NIDs in South Asia (190 million children immunized in India and Bangladesh alone). Zero wild polio virus cases confirmed in Bangladesh and Nepal in 2001.	• In spite of intensive efforts by all partners, polio outbreaks reported in Bulgaria, Egypt and Zambia. • Well-established partnership frameworks and institutional flexibility allowed UNICEF and partners to support four rapid NIDs/SNIDs in Bulgaria in response to Europe's first case of polio in over two years. • Decentralized management structures and negotiated cease-fires were reasons for success of NIDs in Afghanistan.	• UNICEF increased its contribution to the Global Polio Eradication Initiative (WHO, CDC, UNICEF, Rotary International) including an additional $10.75 million from the global regular resources set-aside fund.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
• Over 540 million vitamin A capsules were procured and supplied by UNICEF in 2001, funded by the Micronutrient Initiative.	• Increased support for elimination of vitamin A deficiency through distribution of capsules, advocacy and information in over 80 countries. Over 1 million lives have been saved since 1998 through high-dose vitamin A supplementation. • Fortification of food with vitamin A promoted in seven countries through studies and information dissemination. In Guatemala, study data used to advocate for enforcement of the national Micronutrient Law for fortification of sugar with vitamin A. • Available data (1999) show that 80 per cent of children in LDCs received at least one dose of vitamin A.	• In a few countries, vitamin A distribution campaigns were delayed due to perceived problems with the capsules themselves or their administration during NIDs. • In 35 countries UNICEF is now working with Governments on alternative distribution channels to NIDs. Many countries are able to provide one capsule to the majority of children, but not the second recommended dose. Strengthening routine systems or establishing alternative methods must be priorities.	• CIDA and the Micronutrient Initiative continue to be the key UNICEF partners in vitamin A deficiency eradication, along with Helen Keller International and WHO.
B. Support special measles control activities in countries with high measles-related morbidity and mortality			
• UNICEF supported immunization programmes in 49 countries, as well as awareness-raising media campaigns which helped to strengthen surveillance systems and immunization infrastructures. Some 120 million doses of measles vaccine were distributed.	• Decline in measles cases or significant increases in vaccination coverage in Eritrea, Guinea, Haiti, Indonesia, Lao People's Democratic Republic, southern Sudan and Yemen, but six countries reported major outbreaks in 2001. An estimated 80,000 measles deaths were averted in 2001 as a result of programme activities.	• The new Measles Partnership is an opportunity to address chronic funding problems. With funds from the Partnership, new vaccination campaigns for 18.5 million children were launched in seven African countries through UNICEF and/or national Red Cross and Red Crescent Societies.	• The Measles Partnership includes the American Red Cross, UNICEF, the United Nations Foundation, WHO and CDC. Other partners include Ministries of Health, and national Red Cross and Red Crescent societies.
C. Support intensified MNT control activities			
• TT vaccination campaigns focusing on high-risk districts, support to national immunization systems and vaccine procurement. • UNICEF promoted safe delivery practices in a total of 80 countries.	• UNICEF focused on 57 countries where MNT not yet eliminated, supporting specific MNT programmes in 30 of these countries and the development of plans for 2002 in an additional 11 countries. An estimated additional 15,000 deaths have been prevented since 1999. • In Indonesia, the results of a UNICEF study on MNT supported a government policy decision to provide a TT booster to women in all high-risk areas.	• A major policy initiative in Pakistan resulted in the training and deployment of 20,000 "Lady Health Workers" which resulted in unprecedented access to women of child-bearing age. In two rounds of supplementary vaccination campaigns, 4.5 million women were immunized in 2001. • Prenatal consultation fees in health clinics cited as a key factor in	• The UNFPA, UNICEF, and WHO alliance for MNT elimination is the primary partnership framework joint planning at regional levels. Some 38 country teams, consisting of staff from the Ministry of Health, WHO and UNICEF, have been trained on elimination strategies and improving routine immunization

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
		low TT coverage rates in Madagascar.	coverage. • The United States Fund for UNICEF is supporting MNT programmes in 12 countries. The Government of Japan is a key cosponsor of MNT activities.
D. Support the IMCI approach			
• UNICEF support concentrates on capacity-building, including training of local health workers and the development of training materials, emphasizing the development of community and family capacities for improved care.	• UNICEF involvement in IMCI continues to expand, with programmes in 77 countries in 2001 and plans for an additional 10 countries in 2002.	• In some Eastern and Southern African countries, UNICEF is promoting common approaches, including the integration of ECD and IMCI interventions, in an ongoing effort to improve the effectiveness of community support initiatives.	• WHO is the key partner in IMCI. • In Malawi, a SWAP initiative to provide a basic package of health services is providing a new mechanism for improved coordination, including the IMCI approach.
E. Malaria prevention and treatment			
• Procurement and distribution of insecticide-treated nets, support for the development of local bednet production capacity, policy development, national surveys, support to community-based control measures and supply of anti-malarial drugs. • Bednet distribution focused on containing emergency outbreaks of malaria and on vulnerable groups such as pregnant women, nursing mothers, children in boarding schools and demobilized child soldiers.	• More than 2.3 million nets procured, mainly for sub-Sahara Africa. Related activities (supply, distribution or the promotion of local manufacturing) supported in 29 countries in Africa and four countries in Asia. • Preliminary government data from Niger indicate a significant reduction in malaria-related morbidity and mortality. • In Nigeria, progress reported on demand creation for bednets in four states through social marketing campaigns, better networking with the private sector and linking anti-malaria activities with other initiatives such as IMCI.	• Tariffs on bednets or insecticide cited as a programme constraint in Ethiopia, Ghana, Nigeria and Zambia. In Mozambique, tariffs have been reduced by placing treated bednets in the same category as essential drugs. In Sierra Leone, import duties were eliminated during the launch of the national Roll Back Malaria Campaign. • In poor communities, demand creation efforts are hampered by the high cost of treated bednets. In Burundi, Nigeria and Sudan, UNICEF is promoting cost-reduction measures through dialogue with manufacturers or support to small-scale producers.	• The Roll Back Malaria Partnership is comprised of UNDP, UNICEF, the World Bank and WHO. Other major partners include the Government of Japan, USAID and World Vision.

Programme areas	Key results	Constraints and lessons learned	Partnership framework
F. Reduce mother-to-child transmission of HIV/AIDS			
• UNICEF programmes support national PMTCT programmes through technical support, training of technicians and counsellors, supply procurement and guideline and policy development. See panel on HIV/AIDS for more details.	• UNICEF expanded support to PMTCT to 47 countries in 2001, up from 30 countries in 2000. Over 300,000 women have been reached through UNICEF-supported efforts. • UNICEF supported the development of new policies on PMTCT in Malawi, the Russian Federation, Uganda and Ukraine. In Botswana, a UNICEF-assisted study led to a draft policy on infant and young child feeding. Similar processes are being initiated in other countries in Eastern and Southern Africa.	• Support to PMTCT programmes can be an entry point for broader advocacy and policy development efforts for the prevention of AIDS. • The feasibility of breast-milk banks for HIV-positive mothers in South Africa continues to be explored through a series of studies and pilot projects.	• UNICEF works primarily with WHO and other United Nations agencies through UNAIDS, with support from a broad range of funding partners.
G. Introduction of yellow fever, hepatitis B and Haemophilus influenzae (Hib) vaccines			
• GAVI has approved 53 proposals from the 74 eligible countries and committed over $700 million from the Vaccine Fund.	• UNICEF country offices have been instrumental in helping countries to apply and receive approval for GAVI support. • Under GAVI, 21 countries have initiated hepatitis B vaccination programmes, and five countries have begun yellow fever and Hib programmes.	• To address concerns raised in some countries, GAVI has allocated a greater percentage of funds to strengthen routine immunization services and improve injection safety.	• The GAVI Board comprises representatives of the Gates and Rockefeller Foundations, national Governments, the World Bank, CDC, the Federation of Pharmaceutical Manufacturers Associations, UNICEF and WHO.
H. Improved access to safe water and proper sanitation, and hygiene promotion.			
• UNICEF supported water, sanitation and/or hygiene programmes in 88 countries. Although some country programmes are scaling back support to national water and sanitation efforts due to changes in agreed priorities for UNICEF cooperation and shortages of funds, others are now introducing or expanding support for emergencies and rehabilitation (Afghanistan, Islamic Republic of Iran and parts of Iraq) or as part of community-based approaches in marginalized areas (mainly in Latin America).	• UNICEF programmes are focusing increasingly on support to hygiene education and the promotion of behavioural change, increasing the potential of national water and sanitation programmes to improve the health of children and communities. The Participatory Approaches in Hygiene and Sanitation Transformation method is increasingly used as a tool for community-based work in Eastern and Southern Africa. • School-based sanitation and hygiene education programmes were supported in 54 countries in 2001. • Water quality programmes included	• Experience in Bhutan, India, and Viet Nam indicates that children participating in school-based sanitation and hygiene programmes can act as agents of change to improve the hygiene status of their communities. • In Viet Nam, the long-standing partnership with the Government enabled UNICEF to support the development of a national plan of action for arsenic mitigation.	• DfID continues to be a major funding partner in water, sanitation and hygiene programmes. An increasingly broad partnership is developing in the area of school sanitation and hygiene education, led by UNICEF, the Government of the Netherlands, DfID and the International Water and Sanitation Centre. In Bangladesh, UNICEF has strengthened cooperation with the World Bank on

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
• UNICEF also supports national and community-based programmes for water quality surveillance and mitigation programmes in 32 countries.	support to direct interventions and/or surveys on arsenic contamination of drinking water in nine countries. • UNICEF responded to cholera outbreaks in 18 countries through hygiene education, water treatment and related interventions. Some local reductions in annual cholera rates were reported in West Africa.		arsenic mitigation.
I. Support to dracunculiasis eradication			
• Support to government programmes for dracunculiasis eradication continued in 13 countries, including water point construction, community awareness-raising, case surveillance and containment, and procurement of water filters. • With continuing zero-case status, UNICEF support has ended in Cameroon and is phasing down in Senegal.	• Endemic countries except Sudan reported a 36-per-cent reduction in cases, with 12,000 in 2001 (compared to 20,000 in 2000 and 30,000 in 1999). • In both southern and northern Sudan (home to three quarters of all cases), UNICEF procured and distributed pipe filters for 6 million people, including during "periods of tranquillity".	• Instability in Sudan continues to be the most significant factor that hampers global eradication. • Setbacks reported in Mali and Togo with an increase in cases due to difficulties in surveillance and containment. Progress is generally slow in parts of West and Central Africa, primarily due to logistics and communication problems.	• UNICEF, Global 2000 (The Carter Center), UNFIP, the Gates Foundation, the World Bank and the Peace Corps (United States).
J. Reduction of child malnutrition through community-based approaches			
• Growth monitoring and promotion, micronutrient supplementation, promotion of exclusive breastfeeding, and supplementary or therapeutic feeding for high-risk groups and in emergency situations.	• There are some indications of progress in high-population countries. The large community-based nutrition programme in Bangladesh (also supported by the World Bank) has resulted in improved nutrition status nationally. Some specific UNICEF-supported projects have been successful in India. In Indonesia, 1.2 million children have been reached through community-based growth monitoring and promotion interventions. The Seth Koma (Community Action for Child Rights) programme in Cambodia has reduced malnutrition levels in young children. In Sri Lanka, the Participatory Nutrition Improvement initiative continues to expand and move towards a holistic ECD programme.	• Improving national malnutrition rates remains a difficult goal, even in countries like Nepal where district-level successes have been reported. Experience suggests that more participatory and sustained strategies, including those which use community-based child growth monitoring, lead to improved results over time.	WFP, CIDA and USAID. Collaboration with the World Bank on large projects in Bangladesh and Mauritania provides an opportunity for UNICEF to leverage resources on a national scale.

Major activity areas	Key result(s	Constraints and lessons learned	Partnership framework
II. Improving early childhood care for child growth and development			**Estimated expenditure: $21 million**
A. Access early childhood care services			
• UNICEF involvement in ECD has increased significantly. The majority of country offices – 115 – are supporting ECD programmes and activities, with nine more planned. Support includes: training and awareness-raising programmes for child-care professionals in 82 countries; promotion of new professional ECD degree or certificate programmes; support to ECD training institutions; support to community- and family-based child-care and development programmes, including parental outreach systems; support networks for home-based ECD; and mentoring and peer training. In nine countries, programmes highlighted the child-care role and skills development of fathers. • Direct support to group child-care institutions in 33 countries, emphasizing marginalized communities and/or children in need of special assistance. • Support for the production of toys from local materials, mobile toy libraries or toys for disabled children in 13 countries.	• Improved programming through quality assurance of new and ongoing ECD initiatives through the sponsorship of studies, baseline surveys and evaluations in 43 countries. • In 54 countries, increased parental access to quality child-care support networks and information (including illness management, feeding techniques and the importance of play and stimulation). In 13 countries, distance learning and the mass media-increased outreach. • Increased access to appropriately equipped child-care institutions, especially for young children from marginalized communities. • Improved conditions for the psychosocial and cognitive development of young children through increased the availability of appropriate toys.	• Some country offices report continuing difficulties in attracting funding for ECD programmes. • Lack of definition and clarity on the role of government ministries in ECD continues to hamper efforts in some countries and reduce the chances for the replication of pilot programmes. • Family child-care arrangements have been weakened in countries most affected by emergencies and the AIDS pandemic. • The reinforcement of positive traditional care practices can be used as an entry point for outreach programmes. • The establishment of extensive national day-care centre and kindergarten networks are beyond the resources of many countries, especially in Africa. UNICEF should continue to promote informal, community-led approaches to address this gap.	• New and powerful public advocates for the importance of ECD, including Heads of State and their spouses, have emerged at the country level. • UNICEF is helping to build a broad network of funding and implementation partners for ECD. An increasing number of bilateral and multilateral agencies and international NGOs are active in ECD. UNICEF received funding from the Government of the Netherlands for 2001-2003. • UNICEF is active and can be effective in influencing programme design in national ECD programmes supported by SWAPs and international development banks.
B. Convergence of child health, nutrition and psychosocial and cognitive development			
• Advocacy and awareness-raising among policy makers and planners, and support to ECD policy development. • In 38 countries, UNICEF	• Increasing recognition of the importance of programmes to address the care and development of young children. • New convergent ECD policies developed and multidisciplinary task forces established in	• Lack of intersectoral coordination in some countries hampers efforts to transform individual programmes into a holistic national effort for realizing the rights of young children.	• Efforts are ongoing to broaden the scope of existing government and civil society networks, and of IMCI programmes, to include ECD.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
promoted convergence of activities for ECD among government agencies. • UNICEF supported BFHI and/or breastfeeding promotion activities in 104 countries.	Malawi, Mauritius, Mexico, Niger, Paraguay, Philippines, South Africa, Sri Lanka and Tajikistan. • 52 countries have passed legislation incorporating some provisions of the International Code of Marketing of Breast-milk Substitutes. In 24 countries, all provisions have been covered. The number of certified BFHI hospitals increased by 116 to 15,146. Some 14 countries reported increased rates of exclusive breastfeeding.	• Ongoing UNICEF breastfeeding promotion activities can be used as an entry point to develop more holistic ECD programmes, as in the Democratic Republic of the Congo.	• UNICEF works with a variety of partners on breastfeeding promotion, including UNDP, USAID, WFP and WHO.
III. Preventing childhood disability			**Estimated expenditure: $9 million**
A. Preventing childhood disability and reducing its impact			
• UNICEF supports salt iodization for prevention of IDD in 98 countries, through demand-creation campaigns, support to development of national salt iodization infrastructures, advocacy for policies and legislation, training, technical support and quality assurance. • Major IDD studies completed in Pakistan and Central Asia. • Iodized oil capsules distributed in isolated regions with high IDD rates in Cambodia, Georgia, Guinea-Bisseau, Haiti and Mozambique.	• 28 countries reported increases in production or consumption levels of iodized salt, and/or decreased IDD prevalence in 2001. Major production increases in the Democratic People's Republic of Korea and Guinea. IDD prevalence dropped 14 per cent in Georgia in two years. In 12 countries, progress made on legislation or policy development. • In Egypt and Yemen, the Governments are assuming responsibility for the supply of potassium iodate, allowing UNICEF to phase out direct supply assistance.	• 12 countries are reporting decreased or continued low salt iodization levels. Key constraints include poor quality control, weak enforcement of legislation, higher costs and continued resistance of some manufacturers to iodization. • Broad alliances including Government, law enforcement agencies, salt producers and the media are the key to sustained reductions in IDD.	• A major new regional initiative on IDD prevention launched in Central Asia with the Asian Development Bank and the Japan Fund for Poverty Reduction. UNICEF is increasing staff resources for IDD in the region. • Kiwanis International continues to be a key partner in tackling IDD, as well as USAID, the Gates Foundation, the Government of the Netherlands, WFP, UNDP and various National Committee for UNICEF.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
IV. Improving access to and quality of education			**Estimated expenditure: $113 million**
A. Increase enrolment in countries where net enrolment rate are less than 50 per cent			
• UNICEF supported basic education for school-age children in 124 countries. Some country programmes are phasing out broad national programmes to focus on ECD, girls' education or exclusively on marginalized communities. • In 88 countries, UNICEF engaged in policy dialogue and advocacy with Governments, development banks and other partners on EFA principles and supported national efforts to reform educational policy and legislation, and upgrade curricula.	• UNICEF rehabilitated or provided basic equipment for schools in 61 countries. • Non-formal education systems, e.g., community-owned and multi-grade rural schools, and alternative learning opportunities for out-of-school children, have increased access to education. • Legislative advances promoting universal primary education were reported in India, Lesotho, Mauritania, Nepal, Papua New Guinea, Sierra Leone and The former Yugoslav Republic of Macedonia. • 21 countries report increasing primary school enrolment nationally or in UNICEF-supported regions. Nine countries report decreasing enrolment or increasing drop-out rates.	• Rehabilitation of school infrastructure can be a good entry point for advocacy and programming in the area of education reform. • Teacher shortages persist in many countries, including in Eastern Europe and Central Asia owing to low salaries, and also due to AIDS in parts of Africa. • Costs to families continue to limit access to education in Kyrgyzstan, Liberia, Zambia and elsewhere. • School closures due to civil strife or conflict are a continuing problem in such countries as Angola and Sri Lanka.	• UNICEF works with a broad range of partners, including 7 United Nations agencies, 14 bilateral agencies, the World Bank and three regional development banks, 18 UNICEF National Committees and many national and international CSOs. • Increased collaboration with UNESCO and other United Nations agencies since the World Education Forum (Dakar, 2000) is resulting in improved programming synergy and more effective advocacy.
B. Action to give further priority to girls education			
• UNICEF supports girls' education programmes in 74 countries This will increase further with implementation of the MTSP. • Programmes include "girl-friendly" schools (including separate sanitation facilities), mentoring, targeted scholarships, advocacy with Governments, and parental and community networks and activities to reduce the domestic burden on girls.	• 21 countries report improvements in girls' enrolment or retention rates. Major advances reported in parts of Africa, including Ethiopia, Ghana and Niger, as well as in Cambodia. • Increasing government interest in girls' education programmes registered in Angola, Egypt and the Gambia. • In Pakistan, 20,000 boy scouts recruited to promote the enrolment of girls through the "Brothers join Meena" programme. The programme has increased girls' enrolment in the target districts and has influenced the beliefs and behaviour of men and boys.	• Recruiting, training and supporting female teachers can significantly increase girls' enrolment and retention rates. • In some countries where there is gender parity in enrolment, drop-out rates remain high.	• The African Girls' Education Initiative supports programmes in 34 countries, with funding from the Government of Norway. • In Egypt, UNICEF has brokered a major initiative involving the Government and eight United Nations agencies with the objective of achieving gender parity by 2015.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
C. Action to improve the quality of education and of the learning environment			
• UNICEF supported technical capacity-building, improvements to schools and policy development, including curriculum reform. • The "child-friendly" school concept (convergent activities to promote inclusive, effective, healthy and protective schools) promoted in 38 countries. School sanitation, hygiene and water programmes implemented in 54 countries.	• A broad range of training programmes was conducted for educators in 92 countries in 2001. • The physical environment of schools improved in 59 countries through direct UNICEF support, including the construction of sanitations facilities, safe play areas and gardens. • School-based WES activities included hygiene education as part of life-skills training. "Child-friendly" sanitation facilities stressed in Bangladesh, the Gambia, India and Malawi, for example.	• Establishment of basic learning competencies and other indicators of learning achievement and overall educational quality need to be expanded, to support the assessment of progress. • Teacher training programmes are less likely to be effective in environments where teachers' morale is low due to poor working conditions. Few external funding partners support salaries or other recurrent costs. • A quality education remains out of reach for millions of marginalized children due to poverty, language barriers and discrimination. Ethnic minorities typically have lower retention rates.	• UNICEF continues to support the development of education SWAPs. The promotion of child-centred learning techniques and basic education as a right in SWAP frameworks has the potential to significantly improve national educational systems.
3. Improving adolescent health and development			**Estimated expenditure: $12 million**
A. Respond to the health and development needs of children in their second decade of life			
• In 114 countries, UNICEF supported programmes focusing on the health and development of young people, facilitating their participation in national and regional forums as a key strategy for developing young people's capacities for addressing their own health and development. The "Say Yes for Children" campaign, preparations for the Special Session on Children and "Voices of Youth" were used by country offices as a basis for promoting youth issues. • Promotion of safe and healthy lifestyles through information	• In 40 countries, youth parliaments or national consultations raised awareness and developed strategies on issues affecting young people. • In CEE/CIS and Latin America and the Caribbean, youth opinion polls raised awareness and informed public debate on youth issues. In Chile, a poll on violence and police treatment of adolescents was prominently featured in the national media. • Youth participation in civic life increased through the sponsorship of such specific events and campaigns as the young voter education programme in East Timor, meetings with high-	• A study supported by UNICEF and UNFPA in Jamaica highlighted the need for institutional flexibility in responding to the needs of adolescents, and the necessity of allowing young people to define the parameters of their participation in civil society based on their own interests. • Youth participation in political and civil life can be limited in the absence of relevant government policies and programmes. • Experience in a variety of	• UNICEF collaborated with the Council of Europe and the Save the Children Alliance for the Regional Youth Consultation in Budapest and with the Commonwealth Secretariat for the Pacific Youth Forum. • The Boy Scout and Girl Guide movements continue to be key partners. UNICEF worked with guides and scouts in 34 countries. Major funding and

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
dissemination and peer-to-peer education techniques. Country programmes continued to focus on HIV/AIDS prevention, but increasingly addressed the abuse of tobacco, alcohol and other drugs by young people. • Sponsorship of youth-specific needs assessment and KAP surveys to provide better information for the design of programmes for adolescents.	level politicians in Malawi and a "Solidarity Walk" for street children in Paraguay. • In 35 countries (almost half in CEE/CIS), UNICEF is supporting the dissemination of information to young people to help prevent drug abuse, through support to clinics and community outreach initiatives. • In some countries, UNICEF-sponsored research on young people is the only information available for planning. In Mongolia, UNICEF supports national programmes for adolescents, including a major needs assessment survey.	countries (including Angola, Jamaica, Nepal and the Russian Federation,) shows that the credibility of information on health and sexuality increases when it is coming from peers. • Youth educational outreach programmes using adolescent peer-educators can gain access to audiences that are difficult to reach through other means (such as the formal education system).	programming partners include UNFIP, UNFPA, UNAIDS, USAID, CIDA, JICA, DfID, SCF and CARE.
VI. Protecting children from exploitation, violence and abuse			**Estimated expenditure: $91 million**
A Elimination of child labour			
• UNICEF supported advocacy and programmes relating to the reduction of child labour in 57 countries, including advocacy in the context of the Convention on the Rights of the Child, training of government staff responsible for monitoring and enforcement, studies and awareness-raising, microcredit programmes for women and increasing access to education.	• In the Americas, UNICEF-supported programmes have contributed to increased public awareness and important new government programmes.	• Recent programme experience indicates the effectiveness of comprehensive approaches that provide alternatives to working children and their families while moving towards improvements in the national legislative and enforcement environment.	• ILO and the Government of Norway • Continuing alliance with FIFA on child labour and a new initiative with IKEA in India.
B. Reduction of the impact of AIDS and armed conflict on children			
• UNICEF increasingly supports initiatives to assist children orphaned by HIV/AIDS.	• Activities include direct assistance to communities and NGOs for the protection and care of children orphaned by AIDS, and support to Governments for research and policy development. See panel 2 for further information.	• Ethiopia, Kenya and Uganda now have populations of children orphaned by HIV/AIDs that exceed 1 million. Many orphans are forced into situations of abuse and exploitation due to the breakdown of family and public sector care systems. • The UNICEF experience of support to the grass-roots level	• Existing networks of local governments and NGOs are key partners in community-based support programmes, as in Namibia, the United Republic of Tanzania and Zambia.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
		allows it to work directly with community organizations to help develop and strengthen local solutions for the protection of children orphaned by AIDS and other vulnerable children.	
• Activities to reduce the impact of armed conflict on children included advocacy against the use of child soldiers and for their demobilization and protection; prevention of injuries from landmines and assistance to mine victims; promotion of ceasefires and corridors of peace to allow the delivery of essential services to children; and strategic support for the post-conflict resumption of essential social services.	• Over 7,000 child soldiers were demobilized in Sierra Leone and Sudan through the direct intervention of UNICEF and its partners. In 16 countries, UNICEF supported interim care, counselling, vocational training and re-integration of former child combatants. • Large-scale support for the restoration of primary education systems continued in Kosovo and East Timor (where schools have been rehabilitated and support provided for development of new national curricula). Plans were initiated for a back-to-school programme in Afghanistan.		• UNHCR, ICRC and SCF are key international partners in the area of child soldier protection. • Country offices work with international agencies and such national CSOs as Sierra Leone's Child Protection Network.
C. Prevention of sexual abuse and trafficking			
• In 57 countries, UNICEF is involved in a wide range of activities including awareness-raising, studies and information dissemination; counselling; and support to inter-country collaborative efforts and to the establishment of surveillance systems in high-risk communities.	• Increased public awareness and debate in a number of countries, partly as a result of UNICEF support to national preparations for the Second World Congress against Commercial Sexual Exploitation of Children. • Improved cross-border coordination of activities in East Asia (including new links between China and Viet Nam) and in west Africa (Benin, Gabon, Nigeria and Togo), facilitated by UNICEF.	• Publicity surrounding high-profile cases, such as the Etireno affair in West Africa, can be used by UNICEF and other concerned agencies to increase public awareness and obtain high-level political support to address the broader issues involved in child trafficking.	• IOM, UNDP, UNFIP, UNHCHR.
D. Reform of the juvenile justice system			
• Major activities were advocacy, the promotion of dialogue and technical support to stimulate reform of juvenile justice systems. In Albania and other countries in Eastern Europe and Central Asia, UNICEF supported the establishment of legal aid clinics	• 73 country offices are involved in advocacy or support to specific programmes. In some countries in Eastern Europe and Latin America (Armenia, Chile, El Salvador and Romania, for example), where advocacy and support programmes are well established, some progress has been made in improving the	• The establishment of national working groups with membership from within and beyond government is an important initial step towards reform and oversight of juvenile justice systems.	• National partnerships consist of legal reform advocates and professional law associations, in some cases supported by external agencies including UNICEF.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
for minors and training programmes for legal professionals.	legislative environment or increased awareness of policy makers.		
VII. Reducing maternal mortality and morbidity		**Estimated expenditure: $27 million**	
A. Development of a "mother-friendly" environment			
• UNICEF supported maternal health programmes in 102 countries through advocacy for improved policy frameworks and increased resources, public awareness-raising campaigns, training of professional and traditional birth attendants, upgrading and rehabilitation of clinics, support for improvements in pre-natal and obstetric care systems, and advocacy and support to local partners to reduce harmful traditions and prejudices that affect women.	• In countries (e.g., Cambodia, Nepal and United Republic of Tanzania) where UNICEF is supporting comprehensive "mother-friendly" approaches, communities have improved access to local prenatal care and safe delivery systems through trained birth attendants and adequately equipped clinics, and to emergency obstetrical services through improved referral systems and payment options. • Increased awareness and public debate on FGM, violence against women and early marriage.	• The persistently high MMR in many sub-Saharan African and other countries are due to a series of factors (e.g., weak emergency obstetrical networks, inadequately trained birth attendants, high clinic and hospital fees, micronutrient deficiencies and harmful traditional practices) within a wider context of poor access to information, lack of public investment, poverty and high malnutrition levels.	• UNICEF offices in South Asia are engaged in efforts to increase the priority of safe motherhood and health in national programmes through SWAPs and PRSPs, using a rights-based approach. • UNFPA and WHO are key partners. Important funding partners include the Asian Development Bank, the World Bank, CIDA, USAID, the Government of the Netherlands and the Gates and Turner Foundations.
B. Expand and replicate strategies and experiences that have successfully increased professional training of those attending births			
• Promotion of safe delivery practices in 80 countries, through TT vaccination campaigns to control maternal tetanus; training and the development of didactic materials for TBAs and obstetricians; supply of birth kits for homes and communities; and equipment for antenatal and maternal clinics.	• UNICEF support focuses on marginalized and isolated communities, especially in the Americas, to improve access to maternal health services through TBA training and support to maternity clinics and waiting homes. Decreasing MMR reported in rural Andean communities in Peru where UNICEF-supported programmes were implemented. • In 14 countries, reported successes related to MNT (elimination of MNT, increased TT coverage or legislative advances).	• Through focused support and training, pre-natal clinics and staff can be effective hubs for information dissemination on safe motherhood and provision of maternal health services, including PMTCT and HIV/AIDS testing and counselling. In Kenya, through an initiative funded by the global regular resource set-aside, 100,000 treated bed-nets distributed to pregnant women through pre-natal clinics.	• UNICEF is collaborating with Columbia University on obstetric training and other activities through the "Women's Right to Life and Health Project" in six South Asian countries.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
C. Reduce low birth weight and perinatal mortality through the judicious use of food and nutrient supplements			
• Procurement and distribution of iron folate and/or multiple micronutrient supplements in 43 countries. Surveys and reviews carried out in another 12 countries. • Promotion and demonstration of integrated approaches for reducing low birth weight and perinatal mortality in 11 countries, through monitoring of weight gain during pregnancy, reduction in workload, micronutrient supplementation and enhanced antenatal care.	• Sustainability of micronutrient supplementation for women's health increasingly stressed through support to national iron food fortification efforts in 22 countries. In Indonesia, legislation been passed to make the fortification of flour with zinc obligatory for national producers. • Lessons learned from ongoing pilot projects to investigate the feasibility of integrated approaches will contribute to the design and development of large-scale programmes. The use of locally manufactured multiple micronutrient tablets is proving feasible in Bangladesh and Indonesia.	• In India, evaluations have shown that the distribution of iron folate tablets to adolescent girls through schools and clubs has significantly reduced anaemia levels. The Government is now adopting this approach on a wider scale. • The lack of accurate and systematically reported birth-weight data in some countries is an important constraint to advocacy and resource allocation for programmes addressing the problem of low birth weight.	• The Asian Development Bank's IDD initiative in Central Asia will also support subregional iron food fortification efforts. • Partners include WHO, CIDA, the Government of the Netherlands and USAID.
VIII. Preventing gender discrimination and promoting gender equality		**Estimated expenditure: $15 million**	
A. Promote women's empowerment and their full and equal participation in all spheres of society			
• UNICEF continued to promote non-discrimination and women's empowerment through advocacy and programmes based on the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. • In seven countries, UNICEF provided technical and/or financial support to Governments for preparation of national reports to the Committee on the Elimination of Discrimination against Women. • In 29 countries, UNICEF supported programmes to promote the economic self-reliance of women and adolescent girls by facilitating access to credit, management training for	• Due in part to UNICEF capacity-building and advocacy as a member of the United Nations country team, at least 24 countries have CCAs and/or UNDAFs which support gender as an integral component of United Nations operations at the country level. Another nine countries recognize gender mainstreaming or a gender-based issue such as girls' education as a specific priority of the CCA or UNDAF. • In Sri Lanka, UNICEF-assisted programmes have resulted in a reduction in the number of women indebted to money-lenders. In India, women's self-help groups have become effective community organizers and advocates. • In most countries, support to marginalized and vulnerable women includes women of nomadic families in Niger, ethnic minorities in	• The lack of gender-disaggregated data continues to be a key constraint for planning and effective advocacy. While some country programmes (e.g., Lebanon, Nepal and Somalia) report increased availability of data, others continue to support the development of tools to enable gender-disaggregation of national social indicators. • Opportunities to promote the economic self-reliance of women exist within wider sectoral programmes. In West Africa, some UNICEF-assisted programmes are supporting women's cooperatives and entrepreneurs for the local manufacture or treatment of anti-malarial bednets.	• UNDP, UNIFEM and UNFPA are key national partners, increasingly in the context of the CCA/UNDAF. Major bilateral partners include USAID, CIDA, the Governments of Ireland and the Netherlands and DfID.

Major activity areas	Key results	Constraints and lessons learned	Partnership frameworks
women's cooperatives and self-help groups and vocational training for adolescent girls. • UNICEF is increasing support to girls' education worldwide, with 74 programmes assisted in 2001.	Viet Nam, indigenous communities in Guatemala and women in camps for displaced persons in Ingushetia, Russian Federation.		
B. Advocate an end to harmful traditions and prejudices regarding gender, including the ending of FGM and assistance to local advocacy groups			
• UNICEF supported anti-FGM initiatives in 15 countries, including Egypt and all countries in the Horn of Africa. Activities included mass-media information campaigns, consensus building among CSO partners and Governments, training of TBAs and health workers, sponsorship of studies and the sensitization of teachers, youth groups, journalists and community leaders. • UNICEF is active in advocacy against early marriage in nine countries through awareness-raising and by sponsoring of meetings in communities and among policy makers. • The "Meena" and "Sara" communication initiatives in Asia and sub-Saharan Africa continued to promote girls' rights and to target harmful traditional practices.	• Training and awareness-raising have resulted in an increasing number of informed and active anti-FGM advocates in civil society. Large segments of the national population reached through television and radio awareness-raising campaigns in Djibouti, Ghana and Nigeria. More people worldwide exposed to the issue through UNICEF-sponsored study visits by international journalists to programme countries. • New legislation passed in Rwanda establishing child protection measures against forced early marriage and sexual abuse. • In Africa and Asia, increased access to information for girls and boys on issues affecting girls – including harmful traditional practices - in the 15 countries where UNICEF is supporting "Sara" or "Meena" communication campaigns.	• Studies in the Sudan show that FGM prevalence rates have not dropped in 10 years, even in areas where UNICEF and partners have long supported anti-FGM initiatives. FGM rates still estimated at 90 per cent or higher in 10 countries. • In Eritrea, the UNICEF-supported inclusion of anti-FGM activities in school clubs is helping to put children and youth at the centre of the national anti-FGM campaign. • The promotion of attitudinal and behavioural change among men and policy makers is a critical component in anti-FGM campaigns. • Lack of national statistics on violence against girls and women is starting to be addressed by UNICEF through the sponsorship of studies in several countries including the Philippines, South Africa and Venezuela. • There is increasing recognition that the fulfilment of girls' and women's rights and the prevention of harmful traditional practices require a better understanding of the issue of gender socialization of boys and girls. Studies conducted or ongoing in Indonesia, Jamaica, Mali, Morocco, Nepal.	• Successes reported on forging new anti-FGM partnerships with religious leaders in Somalia and with the National Students' Union in Eritrea. • AntiFGM funding and programme partners include the Governments of the Netherlands and Swizerland, Oxfam-Quebec, Caritas and the Italian Committee for UNICEF. • A forum of 70 nomadic traditional chiefs in Niger committed themselves in a signed agreement to work with constituents on a variety of priority issues affecting girls, including early marriage practices.

Annex IB

Summary results matrix: improving the availability and use of data in critical areas

Estimated expenditure $40 million

Area	Major activities in 2001	Key results in 2001	Constraints and lessons learned	Partnerships
I. Develop indicators and tools for collection, processing, analysis and use of data	• Develop approach to analysis of newer indicators in MICS. • Pilot project to assist situation of children affected by armed conflict. • MDG indicator development.	• Initial internal reports on child labour, malaria, education and orphans. • Status reports of pilot project covering three countries. • Integration of International Development Targets and MDGs and list of associated indicators.	• Political interests and indicator development do not always mix well.	• ILO, WHO, World Bank and other United Nations agencies. • United Nations agencies and NGOs. • United Nations agencies.
II. Develop capacity for data collection and analysis	• Hold MICS regional workshops and create files on household data (microdata). • MICS in countries affected by conflict. • Develop end-decade databases.	• Regional workshops held on MICS data analysis and microdata file creation, with national partners. • MICS carried out in Angola, Democratic Republic of Congo and Iraq. • Major data updates on more than 50 indicators, much of which can be found on www.childinfo.org.	• National capacity in analysis, report writing and creation of microdata file creation needs further strengthening.	• National Governments. • National Governments. • International organizations and Governments.
III. Improve use and dissemination of data	• Major reports on the situation of children. • Childinfo program.	• State of the World's Children 2002, Secretary General's report on the end-decade review (A/S-27/3) and "We the Children" statistical review. • Expanded to more than 50 countries, including use in CCA and by Governments.	• Much still to be gained from MICS data, particularly related to the baseline for this decade.	• United Nations agencies and national Governments.

Annex IC

Summary results matrix: strengthening management and operations

Priority areas	Major activities	Key results	Constraints and lessons learned
I. Improving human resources (HR) management			
A. Improve staff morale and the quality of work environment for all staff	• Review/revise policies related to spousal employment, staff rotation, HIV/AIDS, emergency preparedness and staff security in headquarters locations. Regional ombudsperson training conducted in East Asia and the Pacific and West and Central Africa.	• Improvements in work environment though policy implementation and increased staff participation in relevant processes and actions. Global network of ombudspersons strengthened. Rotation exercise (150 staff) completed.	• Rotation needs to be more closely linked to career development to promote effectiveness and efficiency.
B. Improve human resources procedures and information management systems	• Review of work processes and systems completed; strategy developed to improve services. • Preparation for full implementation of IMIS and development of an integrated HR information system.	• Foundation laid for comprehensive improvement in services; action commenced on standardization of working tools. • Transfer of HR-related payroll functions from DFAM to DHR completed. Systems analysis work completed; SAP/HR/Payroll System identified as appropriate software for UNICEF.	• Clarity on the respective roles of the geographical clusters and technical sections is a critical success factor. • Further automation required to improve efficiency.
C. Development of a career management system	• Competency profiles developed for child protection, education, programme officers, general service staff and junior professionals.	• Standardization of assessments and reviews during interviews and for recruitment and internal rotation and placement of staff achieved.	• Harmonization of functional competency profiles and global UNICEF competencies is needed for all HR initiatives.
D. Staff development, learning and other initiatives	• New strategy to facilitate decentralized and intra-regional development and implementation of programme learning developed and launched. New rights-based programme process materials developed.	• Improvements in country office capacity to train staff in humanitarian principles/human rights achieved,enhancing capacity for emergency response and programming.	
II. Improving supply function			
A. Emergency preparedness and rapid response	• Response to the Afghanistan emergency. The Division chartered 41 flights in fourth quarter 2001 from Copenhagen to Islamic Republic of Iran (3), Pakistan (10), Tajikistan (8), Turkmenistan (10), and Uzbekistan (10).	• 2,700 tons of relief supplies worth $6 million were delivered.	• Deliveries of life-saving supplies can now take place within 48 hours. Emergency response will be an area of focus for the future.

Priority areas	Major activities	Key results	Constraints and lessons learned
	• Participate in United Nations Joint Logistics Cell (JLC) during major emergencies.	• JLCs established in India following Gujurat earthquake, and in Afghanistan, with WFP as major partner.	• To be effective, the JLC has to operate as part of a continuum, including the activities and procedures of the agencies operating prior to the crisis, and linked to the follow-up by the agencies after the JLC closes (3-6 months).
B. Supply chain management	• Planning and forecasting of all supplies procured through Supply Division was introduced to all country offices. • Process reviews initiated to improve procurement and delivery times.	• Better planning allowed for efficient operations, including fewer stock-outs in the warehouse and ability to negotiate volume discounts. • The average procurement time decreased from 53 days in 2000 to 44 days in 2001 (-26%). Average warehouse delivery time reduced from 73 days in 2000 to 58 days in 2001 (21%).	• Supply planning is currently done outside of PROMS and FLS. The goal for the MTSP period is systematic management of supply forecasts as part of country programme preparation.
C. Develop capacity of country office staff in supply and logistics.	• Strengthen field support with dedicated staff in key regional offices and in Supply Division and harmonize customer support to country offices.	• Posting of two Supply Planning Officers to WCARO and ESARO has improved coordination of activities. Qualitative evaluation will be used to measure progress.	• Order flow has improved. Global training of emergency supply procedures is still needed.
D. Improve procurement options for country offices and regional procurement centres.	• Increase the availability of efficient modalities for supply procurement.	• Number of products available on long-term arrangements or direct order increased from 481 at end of 2000 to 603 at end of 2001.	• An effective quality assurance structure (priority for next MTSP period) is needed to support decentralized procurement.
E. Strengthen alliances and partnerships to ensure maximum resources for essential supplies for children.	• Act as procurement agent on behalf of the Vaccine Fund/GAVI. Responsible for procurement of water supply, sanitation and other supplies for OFFP in northern Iraq. • Promote procurement services and improve all related processes and customer services through a new and dedicated team.	• 21 countries benefited from procurement of supplies on behalf of the Vaccine Fund/GAVI worth $80 million. Procurement for OFFP decreased by $35 million, from $75 million in 2000 to $41 million in 2001. • Country offices increasingly use procurement services as a programme strategy for additional resources. Volume increased from $67 million in 2000 to $78 million in 2001 (16%), and expressions of	• Demand creation and forecasting are fundamental to securing deliveries. There is a noticeable trend towards high-value, multi-year and complex projects, which require a new project management approach. • Health supplies constitute the largest material group requested with a growing interest in technical assistance, medical supplies and

Priority areas	Major activities	Key results	Constraints and lessons learned
		interest (cost estimates) increased from $108 million in 2000 to $133 million in 2001 (23%).	emergency equipment.
	• Continued participation in Inter-agency Pharmaceutical Coordination (IPC) group (UNICEF, UNFPA, WHO, World Bank), specifically promoting differential prices of new pharmaceutical products. • Ratio of sources and prices of selected HIV/AIDS drugs carried out by UNICEF on behalf of IPC.	• Major price reduction on certain products for developing countries. • Review published jointly in March 2002.	• The United Nations is able to offer a higher level of service to countries through this type of inter-agency work.
III. Improving integrated management information systems and improving IT infrastructure			
A. Systems governance	• Regular governance meetings of operations group to coordinate system-related issues across various divisions.	• Endorsement of policy regarding document ownership by the Business Process and Systems Management Group. Timely resolution of various integration issues facilitated.	• Input by field offices into process is a critical success factor; difficult to realize in all instances, due to logistical issues.
B. Application systems	• PROMs: Personnel Administration and Payroll (P & P) rollout for field payroll. Enhanced functionality in PROMS releases. • Effective preparation for FLS upgrade to SAP version 4.6 or above in next biennium. Support PSD and Treasury functionality. • Implement headquarters payroll solution for IMIS.	• Two thirds of field offices using P&P as of December 2001. Stabilized system and reduced problems. • Study undertaken and strategy defined to minimize enhancement and upgrade path. Upgrade to version 4.5 successfully completed. • Going live with payroll planned for early 2002.	• Roll-out strategy has minimized problems and enabled enhancement of products. • Close partnership with the functional divisions has been key to achieving outputs.
C. Ongoing implementation of robust, secure and cost-effective network and strengthening of the IT infrastructure and processes to support the above.	• Ongoing strengthening of emergency telecommunications, establishment of standards and effecting training. • Progress towards a consolidated service centre management process.	• 87 offices on IP connect; 47 in process. Quality of Service package under implementation. System availability, response time and throughput constantly monitored. • Monthly basic service level metrics used within ITD to measure service levels/activities	• Slow pace of VSAT delivery is being addressed. Solutions for locations where IP connect/VSAT is not an option are under review. • Need for telecommunications training for IT staff identified and will be addressed. Resources to maintain the staffing levels achieved for emergency telecoms is critical.

Priority areas	Major activities	Key results	Constraints and lessons learned
D. UNICEF Intranet	• Develop and deploy collaborative initiatives on the Intranet from headquarters.	• Various regional intranet sites established. PFO intranet site and Country Information System developed for country data in Americas and the Caribbean. • Online Marketing Knowledge Centre redesigned for PSD Geneva. GAVI extranet site focusing on document sharing for GAVI partners.	• Clear ownership of extranet and intranet regarding content coupled with an improved governance system is required to enhance structure and use of intranet and extranet.

Annex II

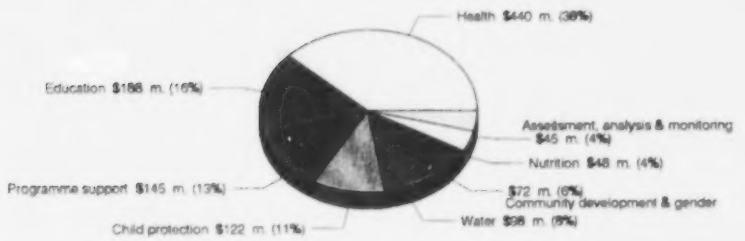
Top 20 contributors to UNICEF regular resources, 2001

(In thousands of United States dollars)

Governments	
United States of America	109 758
Norway	34 510
Netherlands	31 744
Sweden	29 748
Japan	25 596
United Kingdom	24 638
Denmark	22 456
Italy	11 621
Finland	10 480
Switzerland	9 551
Canada	8 599
France	6 631
Germany	3 870
Ireland	3 463
Belgium	3 131
Australia	2 625
Spain	1 606
Republic of Korea	1 500
China	1 217
Saudi Arabia	1 000
National Committees for UNICEF	
Japan	66 332
Germany	28 620
Netherlands	24 928
Italy	21 352
France	18 156
Spain	12 923
United States	9 463
United Kingdom	8 093
Switzerland	7 103
Republic of Korea	3 967
Portugal	3 356
Hong Kong	3 228
Belgium	2 841
Greece	2 628
Finland	2 101
Denmark	1 625
Austria	1 319
Sweden	1 305
Slovenia	916
Norway	835

Annex III

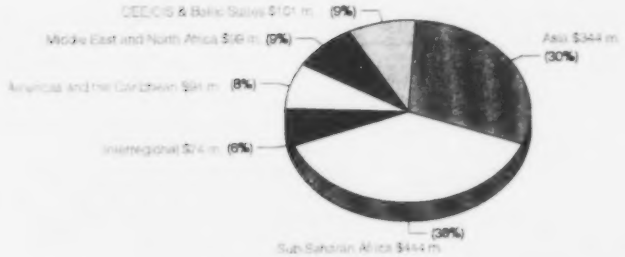
Figure I
UNICEF programme expenditure
by programme field, 2001


Health $440 m. (38%)
Education $186 m. (16%)
Assessment, analysis & monitoring $45 m. (4%)
Nutrition $48 m. (4%)
$72 m. (6%)
Community development & gender
Water $98 m. (9%)
Programme support $145 m. (13%)
Child protection $122 m. (11%)

Total expenditure: $1,157 million[a/]

a/ Includes programme support costs amounting to $145 million.

Figure II
UNICEF programme expenditure
by geographical region, 2001


CEE/CIS & Baltic States $101 m. (9%)
Middle East and North Africa $98 m. (9%)
Asia $344 m. (30%)
Americas and the Caribbean $91 m. (8%)
Interregional $74 m. (6%)
(38%)
Sub-Saharan Africa $444 m.

Total expenditure: $1,157 million[a/]

a/ Includes programme support costs amounting to $145 million.

Annex IV

Programme expenditure in 2001 for countries classified according to gross national product and under-five mortality rates

	Child population in 1999 (In millions)	Child population (Percentage of total)	Number c/ of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 1999 GNP						
Low income, Total	1,325	70%	64	789	68%	60
Low income, excluding India & China	*560*	*29%*	*62*	*668*	*58%*	*119*
Lower middle income	412	22%	49	188	16%	46
Upper middle income	165	9%	14	47	4%	28
Total for countries	1,902	100%	127	1023	88%	54
Total for global and other regional funds				134	12%	
Grand Total	1,902	100%	127	1157	100%	
Country grouping based 1999 U5MR						
Very high U5MR	269	14%	32	412	36%	153
High U5MR, Total	762	40%	35	374	32%	49
High U5MR, excluding India	*376*	*20%*	*34*	*288*	*25%*	*77*
Middle U5MR, Total	817	43%	45	198	17%	24
Middle U5MR, excluding China	*438*	*23%*	*44*	*174*	*15%*	*40*
Low U5MR	54	3%	15	39	3%	72 b/
Total for countries	1,902	100%	127	1023	88%	54
Total for global and other regional funds				134	12%	
Grand Total	1,902		127	1157	100%	
(of which LDCs)	305	16%	47	516	45%	169

a/ Low income = GNP per capita of $755 and less.
Lower middle income = GNP per capita between $756 and $2,995.
Upper middle income = GNP per capita between $2,996 and $9,265.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c/ Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.